1992

UNICEF Annual Report

United Nations
Children's Fund

UNICEF Executive Board

1 August 1991 to 31 July 1992

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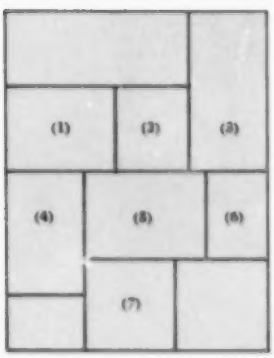
* The Russian Federation took over the representation of the Union of Soviet Socialist Republics as of 24 December 1991.



Cover photographs

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Introduction

by the Executive Director, James P. Grant

Dramatic events last year overturned the old world order and gave rise to hopes for a more secure future for our children. In a headlong rush to a more democratic order, maps were redrawn, States became nations, countries were renamed and a host of new flags were hoisted. The United Nations began the year with 159 Member States and closed with 166. When this report went to press there were 175 Member nations, with more on the horizon. The year ended with new leadership for the United Nations and high expectations for its capacity to strengthen and adjust itself to new realities, new possibilities and new challenges.

Profound political reforms in Central and Eastern Europe and in many developing countries heralded an era of peace and prosperity in which societies could become more democratic and economies more efficient. We have entered an era in which it is possible for human concerns to take their rightful place at the centre of policy-making and development.

UNICEF/Young

Hopes that there would be a peace dividend for children were very much alive, but we were reminded that the wages of peace will have to be cut many ways. Celebration was tempered by the global economic recession and an increasing case-load of suffering and want brought on by man and nature in many of the developing world's poorest countries.

The year was a reminder, also, that transitions of great moment are rarely swift or painless. Scores of developing nations in Africa, Asia and Latin America have endured the pain of economic adjustment and political transition since the 1980s. Established ways of providing for people's needs have been shaken to the core, and, as always, children have been among the first to suffer. Early warnings of children in dire need cast an ominous perspective on the euphoria that accompanied independence in Central and Eastern Europe last year. UNICEF provided modest emergency relief for children in several countries of the region. But assistance to Eastern Europe will not undercut our programme support to developing countries, where the need is greatest.

For the better part of a decade, UNICEF has challenged the remote, statistical perspective of those who would allow the hard edge of structural adjustment programmes to fall without protection for the poor. Adjustment has been necessary for growth in many developing countries, but it is the poor who suffer most when currencies are devalued, when food subsidies are eliminated, when public payrolls and services are cut. People on the fringes of economic life have no cushion against these prescriptions. Restructuring for them and for their children is a life – or even a death – sentence. Our message has been that children cannot wait for a return to growth and that adjustment, at its core, must have a human face. No nation can be expected to build a sustainable future if its foundations – its children – are malnourished, illiterate, and restless for leaders who care. Adjustment must protect the nation's human capital by supporting basic services, by preserving jobs for teachers and health care workers, by safeguarding the development of its children.

UNICEF 504/Lemoyne

National policy makers and donors must understand that a child's health and productive development is not something which can be turned on and off according to the budget. A lost generation is not a recoverable asset.

We saw encouraging signs again last year that this message is taking hold. Our main development partners have endorsed it, as have many of the African nations currently embarked upon radical restructuring programmes. A study for UNICEF, entitled 'Africa's Recovery in the 1990s – From Stagnation and Adjustment to Human Development', was completed during the year and will be published in 1992. Part and parcel of the UNICEF approach to the needs of children in low- and middle-income developing countries has been our advocacy for substantial debt relief, debt forgiveness where possible and innovative debt swaps for CSD activities.

As nations chart new courses for growth and give voice to their peoples' aspirations, the opportunities to build a better world for their children are truly extraordinary.

The tally of signatures on the World Summit Declaration and Plan of Action rose to 135 last year and more than 100 of those countries indicated that the Summit's 27 goals for child survival, protection and development were being incorporated in national programmes of action. Those goals could save 50 million lives during the remaining years of the decade. They could halve rates of illiteracy and malnutrition. They could save the lives of some 1.5 million mothers who would otherwise die from complications during pregnancy and childbirth. They could improve immeasurably the quality of life and productivity of many millions more.

The roster of signatories to the Convention on the Rights of the Child also expanded during the year, to more than 110. The Convention's 54 articles detail children's rights to survival, to healthy development, to protection from abuse and exploitation, and to participation in matters affecting their own lives. The Committee established to monitor progress towards implementation of the Convention started its work and will soon begin to review national reports on compliance.

A number of developments during the year illustrated just how doable the complementary propositions contained in the Convention and the World Summit Plan of Action are. In partnership with WHO, we were able to confirm officially that our goal of 80 per cent immunization coverage for children against measles, tetanus, whooping cough, diphtheria, tuberculosis and polio had been achieved. In the decade since the acceleration of EPI, the global effort saved some 15 million lives and spared many millions more from the crippling effects of diseases such as polio. Because of this programme we have in place a system that is reaching about 100 million infants a year on four or five separate occasions before their first birthday.

This logistical connection between committed leaders and their children is unparalleled. And the cost is extraordinarily low – just US$13 per child. Capitalizing on this access during the year, vaccination days in many developing countries included a range of other life-saving services for children at similarly low cost. In communities with poor nutrition, the distribution of vitamin A capsules prevented blindness at a cost of four cents per child per year. Iodine supplements prevented physical and mental impairments at a cost of about five cents per person per year. Poor communities which had relied upon polluted water sources drew safe drinking supplies through systems installed at a cost of about US$20 per person.

Low-cost interventions gave cause for optimism in Peru and neighbouring Latin American countries during a resurgence of cholera in 1991. Between January and September, more than 256,000 Peruvians in ill-serviced communities contracted the disease through contaminated water and food supplies. Cholera, accompanied by acute diarrhoea, can kill a healthy person in six hours if inadequately treated, but less than 1 per cent of the victims in Peru died as opposed to the 10-30 per cent rates of past epidemics. This extraordinarily low mortality rate was directly attributable to national stockpiles of ORS and local knowledge of how to use it. Women's organizations played an especially significant role in saving lives. UNICEF had supported the programmes which developed those responses since the 1970s. Peru is now largely self-sufficient in ORS, which is distributed nationwide in sachets costing about 10 cents each.

We have estimated the cost of meeting the 27 goals of the World Summit for Children at an additional US$20 billion a year during the 1990s. It sounds like a lot of money. But it pales to very modest and achievable proportions when measured against two brutal facts of life. I urge you to consider the following: our community of nations will spend about US$20 billion on the military *this week* as 250,000 children die from preventable illnesses.

Can we afford *not* to beat our swords into ploughshares of human development – for our children, for our future?

James P. Grant

James P. Grant
Executive Director

Programmes

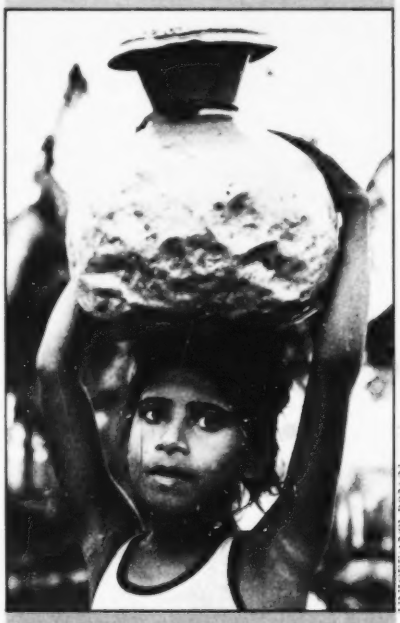
1991 – A review

Rhetoric and reality converged this year as heads of State and Government began to write their World Summit promises for children into national programmes of action. By December, 135 leaders had signed the Summit's 27-goal Declaration and Plan of Action, and 100 of those signatories had indicated that the more difficult process of translating words into national targets for children and women in the 1990s was under way.

National programmes of action will establish governmental priorities to the year 2000 and provide important benchmarks by which progress can be measured. They should also enable countries to reap larger returns on their development efforts by employing strategies that exploit the synergism between PHC, basic education, safe drinking water supply and sanitation, and other specific targets.

Many countries have already discovered that the extraordinary logistical effort needed to achieve UCI could be given added benefit by including other services at the time of vaccination. They found that health and nutrition objectives could also be attained by providing micronutrients such as vitamin A and iodine supplements. Their efforts to provide basic education similarly confirmed that literacy for girls and women, in particular, could unleash a stream of powerful multipliers ranging from lower infant mortality rates and demand for smaller families to new household income opportunities and expanded agricultural production.

Other developments during 1991 also pointed to a new recognition of the need to shield children from the most negative aspects of poverty and deprivation. As of 22 October, 100 countries had become States parties to the Convention on the Rights of the Child, either by ratification or accession to its 54 articles. A 10-member expert Com-



UNICEF 42/91 B026 Noorani

UNICEF 4990 Schytte

Words into action: World Summit goals for children provide a shield against the most negative aspects of poverty and deprivation.

READEX FICHE

mittee on the Rights of the Child was elected in March to monitor implementation of the Convention, and the first national progress reports are due for the Committee's consideration by the end of 1992.

Support for breastfeeding gained a higher profile during the year with the June launching of a WHO/UNICEF baby-friendly hospital initiative (BFHI). *(See box, pages 20-21.)* Hospitals in 12 countries were declared to be 'baby friendly' when they adopted the 'Ten Steps to Successful Breastfeeding' contained in the Innocenti Declaration. It is hoped that hospitals throughout the developing and industrialized worlds will follow suit, by supporting procedures such as rooming-in, which encourage breastfeeding and discourage sales of infant formula substitutes. The baby-friendly initiative has strong governmental and professional support, and the International Association of Infant Food Manufacturers indicated that its 33 members would stop supplying free or low-cost formula products to hospitals and maternity facilities in the developing world by December 1992.

UNICEF has participated in preparations for the 1992 Earth Summit (UNCED). Although they are victims and potential victims of environmental degradation, children have no vote on policies affecting their future, and it was essential that their special interests, included in the 1990 World Summit Declaration, be adequately reflected at the Earth Summit as well. While the state of the world's environment is everyone's concern, children as a group are among the most visible victims of poverty and flawed resource management. Many of the 40,000 child lives lost in the developing world every day are a consequence of environmental abuses reflected in unsafe water supplies, disease and malnutrition. Diarrhoeal diseases alone claim the lives of some 4 million children a year.

UNICEF was involved in regional and preparatory committee meetings for UNCED, and an UNCED-UNFPA-UNICEF symposium, 'Women and Children First,' in May, explored the many linkages between women, children and the environment. UNICEF was also actively involved in the Global Assembly of Women and the Environment and the World Women's Congress, held in Miami, Florida in November.

The heads of the agencies that co-sponsored the World Conference on Education for All (UNDP, UNESCO, UNICEF and the World Bank) met in January to take stock of the first year's progress. UNICEF helped with follow-up activities in more than 70 countries during the year and met with UNESCO in Paris in October to discuss joint activities in the areas of women's literacy and early childhood development.

The UNICEF concept of adjustment with a human face continues to have impact in the development community. It was evident during the year in the

KEEPING THE PROMISE

When heads of State and Government put their signatures to the World Summit Declaration and Plan of Action in 1990, most of them knew that their promises would not be easy to keep. Relatively few had the resources to change their children's prospects overnight. The global bill had been estimated at an additional US$20 billion a year, and it appeared as though less than one third of that amount would come from foreign aid. Besides, there was much that some donor countries would have to do to bring their records for children into line with the Summit's expectations.

It became clear, however, in the first calendar year following the World Summit for Children, that the signatories were not about to drop the ball. More than 100 developing countries and several industrialized nations set to work on national programmes of action (NPAs) to transform those promises into deeds. The quality of the plans completed so far has been uneven, and the response of developing countries has been much stronger than that of countries in the industrialized world, but these are also early days in the decade-long process.

NPAs are the first formal step in a reporting and monitoring process that obliges signatories to demonstrate a broad range of improvements in the situation facing their children during the current decade or to show why satisfactory progress has not been possible. For the developing countries, NPAs provide an opportunity to create a framework for activities for children during the decade, to cost out their best intentions and indicate as clearly as possible what outside assistance might be needed to meet Summit goals by the year 2000.

Most, if not all, of the signatories can be expected to restructure their national budgets and aid priorities to give more weight to children's needs, and UNICEF has been watching the NPA process closely for signs of clear strategic opportunities. The organization has also been available, on request, to support nations in the formulation of their plans.

One of the weakest elements in the process so far is the available database. Many nations have only limited statistical resources and are not able to accurately quantify their needs in critical sectors. This will continue to impede monitoring of Summit goals in many countries until they are able to gather relevant, reliable and timely data.

The radical economic restructuring, including the structural adjustment programmes in some of the poorer countries, could present another hurdle. Once individual countries have published their NPAs, UNICEF and its partners might then have to convince bilateral and multilateral donors to make sure that the priority human development actions are protected to give adjustment programmes a 'human face'. NPAs will also need to be integrated with national development plans.

In the meantime, however, the Summit goals have been a powerful catalyst for other activity. They have reinforced the Convention on the Rights of the Child, and they have obliged many industrialized countries to examine their aid programmes for ways of better serving children abroad. Significantly, the language and ideals of the Summit have remained fresh on regional agendas, also. The goals were reaffirmed by leaders attending the November 1990 SAARC meeting in Maldives, the June 1991 OAU Summit in Nigeria, the July 1991 Ibero-American Summit in Mexico, the October 1991 Commonwealth Conference in Zimbabwe, and the December 1991 Summit of Central American leaders in Honduras. ■

language of the new International Development Strategy for the Fourth United Nations Development Decade, the World Bank's *World Development Report* and the UNDP *Human Development Report*. All three reflect the view that human development and poverty alleviation are the key issues for the 1990s. In September, UNICEF and ILO jointly sponsored an international workshop on poverty monitoring by international agencies in Latin America and the Caribbean.

Third world debt remains a substantial obstacle to child survival and development activities in many middle- and low-income countries, and in sub-Saharan Africa in particular. UNICEF has now participated in a number of debt relief for children initiatives, totalling some US$60 million in nominal terms and releasing some US$8 million in local currency for support of children in developing countries.

Programme expenditure for UNICEF-assisted programmes reflected the crises through which many nations and their children struggled in 1991. A record 17 per cent (US$136m) of total UNICEF expenditure from donor governments and National Committees was earmarked for emergencies including the Persian Gulf war and its aftermath; events in the Horn of Africa, Liberia, Mozambique and Angola; a civil war in Yugoslavia; a cyclone in Bangladesh; and cholera epidemics in Peru and neighbouring countries.

The breakup of the Soviet republics and civil war in Yugoslavia brought social dislocation and pain for many. Safety nets for children were weakened, and there was concern that transition in many countries had lost its 'human face'. Teams of child specialists carried out needs assessments in each country in the region, and modest emergency support was provided for children and mothers in Albania, Romania, Russia and Yugoslavia.

More encouraging for the world's children in 1991 was a conviction that there must be new visions of the future and better means of realizing them. This openness to change, accompanied by a concern that development should address poverty and basic human needs, gave impetus to UNICEF-assisted programmes as leaders demonstrated their willingness to press ahead with the World Summit Goals for Children. □

Child survival and development

Towards universal child immunization

It's official! In early October, James P. Grant of UNICEF and Dr. Hiroshi Nakajima, Director-General of WHO, officially advised the then United Nations Secretary-General, Javier Pérez de Cuéllar, that the international community had fulfilled its commitment to immunize 80 per cent of the world's children against the six major child-killer diseases before their first birthday in 1990.

UNICEF 5059 Lemoyne

UNICEF 4727 Keery

Health care workers now reach 80 per cent of the world's children with vaccines against the six main killer diseases.

In the five-year period since that promise was made (1985) coverage against tuberculosis (BCG) rose to 90 per cent, and protection from polio and DPT (diphtheria, whooping cough, tetanus) reached 83 per cent and 85 per cent respectively. Protection against measles topped 80 per cent, and was the most difficult of the targets to achieve because the vaccine must be delivered while the child is between 9 and 12 months of age.

A total of 64 developing countries met the UCI target in 1990 — an achievement which, in that year alone, prevented the deaths of 3.2 million children from measles, neonatal tetanus and whooping cough combined. Some 440,000 children were spared the crippling impact of poliomyelitis, and countries of the Americas moved within grasp of total eradication of the disease. There were just 14 confirmed cases of polio for the entire western hemisphere during the year.

Two million unreached: While many consider the achievement of these UCI goals to be one of the greatest collaborative humanitarian undertakings in peacetime of this century, there is no cause for complacency. Two million children continue to die each year from the same six vaccine-preventable diseases, and between 5 million and 6 million other people die from diseases that could almost certainly be prevented by the development of new vaccines. The challenge in 1991 was to sustain the level of child coverage by reaching the 100 million born during the year; to press on with initiatives to develop new vaccines; and to reach out for the 20 per cent of children who continue to fall through the vaccine safety net.

The success of the global immunization programme gave governments the confidence to set new targets, which were included in the Declaration of the World Summit for Children. Those goals include:

- immunization of six antigens for at least 90 per cent of children, and the global eradication of poliomyelitis, by the year 2000;
- the elimination of neonatal tetanus by 1995 (about 60 per cent of women of child-bearing age received at least two doses of tetanus toxoid last year);

» a 90 per cent reduction in measles cases, and a 95 per cent reduction in measles deaths, by 1995 (compared with pre-immunization levels).

During the year, UNICEF offices helped governments in all regions to develop national plans of action and strategies to meet the Summit goals.

UCI-Plus: The achievement of 80 per cent coverage was a major logistical feat which enabled health services to make contact with 100 million children at least five times each in a single 12-month period. Many nations are now using the infrastructure, which was developed to reach their children, as a conduit for add-on services including vitamin A supplements, iron tablets for pregnant and lactating women, and other prenatal services. India has embarked on a programme called UIP (universal immunization programme) that includes some of those additional services. Other countries, however, need to strengthen their basic infrastructure in order to maintain existing coverage and reach out to populations that remain unserved. Most of those countries are in Africa.

Vaccine independence: During 1991 UNICEF embarked on a new programme to help countries become self-sufficient in vaccines. This 'vaccine independence initiative' aims to boost the financial planning and vaccine procurement capacity within Ministries of Health and Finance by offering high-quality, but low-cost, vaccines through UNIPAC. Under this programme, countries can pay for vaccines in non-convertible currencies, which UNICEF will use to meet expenses in its national offices and country programmes. This option is mainly offered to countries in the middle-income range which can afford to buy vaccines but are often short of convertible currency.

Vaccine research: New and better vaccines could spark a quantum leap in coverage against diseases as well as in the capacity of developing countries to sustain immunization programmes under difficult economic and logistical conditions. Among the goals of the children's vaccine initiative, sponsored by UNDP, UNICEF, WHO, the World Bank and the Rockefeller Foundation, is the development of 'supervaccines', which would be less dependent upon refrigeration in transit and would afford protection from several diseases when delivered in one or more injections or in time-release microcapsules. The ideal product would be a single-shot vaccine which could be given to children soon after birth. The vaccine would ensure protection against the main killer diseases and obviate the necessity to visit the clinic or health centre five times.

Another objective of the children's vaccine initiative is to extend the range of available vaccines to cover malaria, respiratory infections, meningitis, certain diarrhoeal diseases, hepatitis A, influenza B, Japanese encephalitis, dengue fever and AIDS. Having launched the initiative in late 1990, UNICEF and its partners began fund-raising and research planning in 1991. The main role of UNICEF in the venture is that of a catalyst for international cooperation and an advocate for the kind of research that can have the greatest direct impact on child health.

UNICEF is also focused on operational research into ways of sustaining and improving the effectiveness of national immunization programmes through disease surveillance and epidemiology, better quality services and the most effective use of available vaccines. The organization also supports the development, field testing and production of new and improved vaccines and their incorporation into EPI. During 1991 UNICEF initiated a global survey of manufacturing capacity for all EPI vaccines, including the output of local manufacturers in developing countries.

UNICEF 42-91 B034 Noorani

UNICEF 4880 Lemoyne

Some targets have still to be met: global eradication of polio by the year 2000 and elimination of neonatal tetanus by 1995.

Control of diarrhoeal diseases

The expanded use of ORT in the past year may have prevented more than 1 million child deaths from diarrhoeal dehydration. ORT is now the treatment of choice in more than one in three diarrhoea episodes among children under five years of age in the developing world, and according to WHO, the use of ORT rose from less than 1 per cent in 1980 to 36 per cent in 1990.

Data compiled during the year highlights continued progress overall during the period 1986-1989, including:

- an increase in global access to ORS reaching 63 per cent;
- the doubling of ORS access in Africa to 52 per cent;
- continued high access to ORS in the Middle East at 65 per cent — the strongest performance in the developing world;
- ORS production in 1989 yielded 355 million litres of fluid globally, and the use rate for ORS or other appropriate homemade fluids rose from 23 per cent to 36 per cent;
- 75 per cent of the 64 countries that were producing ORS at the end of 1989 were in the developing world, and 7 of those were self-sufficient in meeting annual ORS needs.

Cooperation with WHO: A joint UNICEF/WHO meeting was held in April to discuss CDD strategies for the 1990s. The meeting had three main objectives. They were:

- to review lessons learned about the management of childhood diarrhoea and programme implementation;
- to identify actions to halve diarrhoea-related mortality among children under five by the year 2000;
- to develop strategies that would generate the support needed to achieve the two agencies' targets for the end of the decade.

As a result of the joint meeting, a CDD directive was sent to all field offices outlining the key elements of UNICEF support to national CDD programmes, which now exist in over 112 countries. This support includes:

- definition of national policies. During the year, UNICEF helped to develop CDD strategies and plans of action in Bangladesh, Benin, India, Nigeria and Uganda. CDD policy reviews are under way in Burundi, the Lao People's Democratic Republic, Mali, Togo and Yemen, and special efforts are continuing in Egypt to integrate the National Control of Diarrhoeal Disease Project (NCDDP) into existing Ministry of Health structures.
- activities to improve the management of diarrhoea cases through the training of health workers and providers of ORT outside the health system, and the establishment of diarrhoea training units (DTUs).
- emphasis on the correct treatment of diarrhoea episodes at home. The UNICEF/WHO strategy meeting identified a need to encourage mothers to continue feeding their children during bouts of diarrhoea, to increase the victim's fluid intake at this time, and to recognize when a child does need help outside the home. Almost all UNICEF offices provide support for improved home management of diarrhoea. In some countries, household preparation of sugar-salt solutions is promoted to prevent dehydration, but many are now emphasizing traditionally available fluids which require less preparation. These include coconut water (Comoros), sorghum water (Rwanda), rice water (Lao People's Democratic Republic, Madagascar), sweet potato water (Papua New Guinea) and cereal-based mixtures (China, Ethiopia, Ghana, Zimbabwe).
- training in clinical management of diarrhoea and establishment of DTUs. Some countries in Asia are attempting to enlist private medical practitioners as promoters of ORS. In West and Central Africa (Angola, Benin, Congo, Guinea, Sierra Leone), CDD training is integrated with broader PHC/MCH efforts. The training of ORT providers outside the health sector includes church volunteers (Brazil), local government officials (Egypt, Tunisia), teachers, farmers and students (Iraq), scouts (Nepal), teachers (Algeria, Malawi, Viet Nam) and traditional healers (Uganda). A number of countries, including the Gambia and Thailand, are targeting pharmacists, and WHO is developing training materials for this group.
- production, distribution and/or provision of ORS in most countries. UNICEF is a major source of support for government-run ORS production

UNICEF 4630/Lemoyne

Although children benefit more and more from the use of ORT, mothers still need to be encouraged to continue feeding their children during bouts of diarrhoea and to increase liquids in the diet.

UNICEF 4603/Lemoyne

Women in the time of cholera

Guadalupito, Peru: This small hamlet on the northern Peruvian coast is an unlikely contender for a major victory over disease. The quality of the drinking water is dubious, there is little sanitation, and the formal health services are inadequate. But Guadalupito, like many hundreds of other impoverished communities nationwide, fought a major cholera epidemic during the year and won.

Between January and September, more than 256,000 Peruvians contracted cholera during its first appearance in Latin America this century. But fewer than 2,500 of the victims died – a fatality rate of less than 1 per cent. By contrast, almost half of the 19 African countries affected by the disease in 1991 reported fatality rates of 8 per cent or more.

Peru's relatively low loss of life to cholera in 1991 can be attributed to a number of factors, including:

- the ready availability of ORS, which had been pre-positioned throughout the country in preparation for Peru's annual summer campaign to control childhood diarrhoea;
- a national network of several thousand community women who had received training in ORT use with UNICEF assistance since 1987;
- a mass communications campaign that alerted a frightened public to the need to treat diarrhoea with ORT, to disinfect water supplies, to dispose of human wastes safely, and to follow a strict regimen of personal hygiene, including the careful washing of hands to combat cholera transmission through food supplies;
- the fact that, despite a strike in the Ministry of Health, health workers provided emergency services.

Francisca Haro Jara, a mother of five in Guadalupito, typified the community response when cholera was first identified in late January. Francisca was part of a women's social network, which had evolved in poor areas with UNICEF support in the 1970s and 1980s. In the absence of formal health services, she had been trained to run a community unit for oral rehydration (UROC). And when people in her surrounding area began to fall violently ill, her home became the headquarters for a community response.

Francisca became a familiar and comforting presence in hamlets and villages throughout the Trujillo district, where she handed out packets of ORS and explained how to mix each packet with a litre of boiled water and then administer the liquid regularly to prevent dehydration. Between March and June alone, she treated 432 cases of diarrhoea, and only 10 of her patients needed referral to the hospitals in Santa and Chimbote, further down the coast.

UNICEF/I.Scott

The knowledge and efficiency of women like Francisca were critical as the summer months wore on. UROCS distributed 50 per cent of the nation's ORS supply.

Between April and September, UNICEF also supported an emergency project for cholera control in Peru. The project included urgent action to improve the quality of community drinking water and excreta disposal and training to expand the UROC network. At the time of the outbreak only 2,431 of these community posts were fully operational, but the existence of several thousand community women with basic ORT training from the 1970s and 1980s provided an invaluable head start on treatment. The Ministry of Health was able to reactivate and expand the community network by dispatching ORT 'mobilizers' into the field and by assuring a regular supply of ORS. Within a matter of months, UROC capacity had increased to 9,280. The project covered 23 administrative districts and benefited more than 408,000 families.

Just 41 per cent of households in Peru have adequate sewage disposal, and only 55 per cent of the population have reasonable access to safe drinking water – average figures that in rural areas fall away to 6 per cent and 22 per cent respectively. Fortunately, the country is approaching self-sufficiency in ORS. Between January and August of 1991, 3 million sachets were distributed nationwide. Of that total, 1.4 million had been stockpiled for the traditional summer diarrhoea epidemic, which usually follows a drop in the water supply, accompanied by deteriorating personal hygiene. The remaining 1.6 million were procured in rapid response to the emergency.

Cholera is a classic symptom of underdevelopment, and it is transmitted rapidly through contaminated water and food. It is accompanied by acute diarrhoea, and can kill a healthy person in six hours if inadequately treated. According to *The New York Times*, however, the 1991 emergency, which affected several countries of the region, has been credited by some health experts with saving far more lives than were lost, because the public was alerted to the life-saving potential of ORT. Carlos Moreno-Chacon, director of Peru's anti-cholera campaign, told the *Times* that public awareness and the widespread use of ORS in Latin America spared the lives of between 100,000 and 150,000 children who, in a normal year, would have died following untreated bouts of acute diarrhoea. One other benefit reported by the newspaper was that Health Ministers from 10 Latin American nations now plan to invest a total US$200 billion over the next 12 years to upgrade water, sewerage and basic health facilities for the region's poor.

in Bangladesh, Burundi, Colombia, Cuba, Ethiopia, Guatemala, Honduras, Kenya, Myanmar, Nicaragua, Rwanda, Somalia, Sri Lanka, the Syrian Arab Republic and Viet Nam. Despite improvements in ORS production, UNICEF also remains a major provider in several countries, especially in Africa. Increasing emphasis is being given to the stimulation of production in the private sectors of a number of countries, including Bangladesh, Ghana, India, Morocco, Uganda and Yemen. Serious problems with distribution and supply have been reported from Burkina Faso, Mali, Somalia, Sudan and Togo; and concern about the quality of ORS supplies has been expressed in Egypt and Indonesia.

- rational use of drugs in the treatment of childhood diarrhoea. In Burundi, the Gambia, India, Nigeria, Pakistan, Sri Lanka and Sudan, the use of drugs continues in 40 per cent or more of diarrhoea cases. In some instances, these high rates continue despite official bans on antidiarrhoeals and clear guidelines for the use of antibiotics. UNICEF offices in Asia and the Middle East have been particularly active, and WHO and UNICEF have agreed to devote more attention to the problem during the 1990s.
- communications through the mass media and the production of information materials. A number of countries have initiated research into the attitudes, practices and beliefs of health providers and parents in the context of diarrhoea treatment. The information gathered will be used to develop CDD activities and information materials.
- diarrhoea prevention in cooperation with health ministries and institutions outside the health sector. Breastfeeding and the improvement of WATSAN facilities and hygiene practices are receiving priority attention.

Monitoring: During the year, UNICEF assistance for the monitoring and evaluation of CDD activities increased considerably through comprehensive programme reviews, household and health facility surveys, and studies focused on special issues or problems. An analysis of 15 CDD evaluations during the period 1987-1990 is being used to develop guidelines for future evaluations.

Acute respiratory infections

UNICEF offices in almost all countries assist ARI control activities, and the workload is likely to increase as Ministries of Health give higher priority to the problem. The incidence of pneumonia — the most severe manifestation of ARI — ranges between 10 and 20 per cent among children in developing countries, and as high as 80 per cent in areas with a high prevalence of malnutrition and low birth weight. ARI caused over 4 million of the 15 million child deaths in the developing world last year, becoming the principal killer of children under five because of the success in immunization and CCD.

Nearly 50 developing countries had ARI programmes at the end of 1990, and several other countries announced their intention to begin ARI control in 1992. Standard case management of infections had been introduced in at least some areas.

The reach of the existing programmes has been impressive. In the Pacific region, the proportion of children with access to standardized ARI case management increased from 1 per cent in 1989 to 10 per cent in 1990.

ARI activities: UNICEF supports a broad range of activities related to ARI, although their nature and scope varies greatly among countries and regions. In December 1991 UNICEF co-sponsored, with UNDP and WHO, the first International Consultation on the Control of ARI (ICCARI). The meeting was held in Washington, D.C. to share the latest information on ARI control, promote global consensus on action to reduce ARI mortality, and generate greater participation in efforts to combat ARI. It was attended by more than 400 senior health professionals and government officials from around the world.

Policies and action: UNICEF offices are becoming increasingly involved in the development of policies and national plans of action. In some cases, national task forces and/or coordinating committees have been formed to make basic policy decisions. In others, decisions have been based on technical consultations and workshops attended by paediatricians and other experts. The process differs in each country but the objective remains the same — the

UNICEF 411 Wolf

With the success of UCI and CDD efforts, ARI is a major focus.

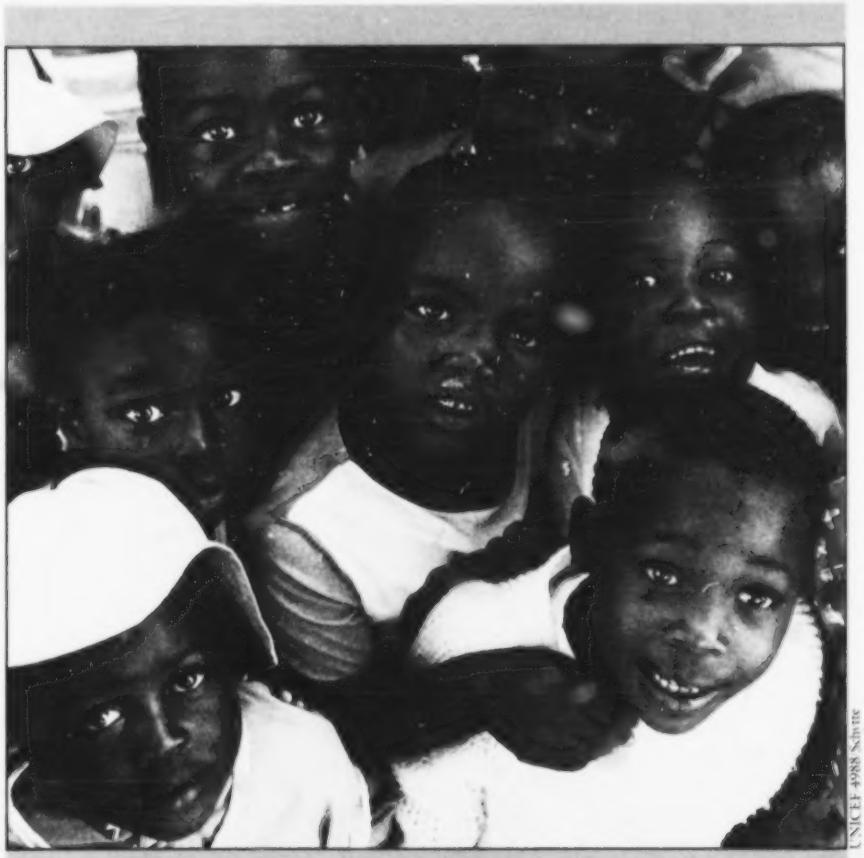
development of technically sound national policies and guidelines for treatment.

Operational research: The three-country research project initiated in Bolivia, the Gambia and Thailand in 1987 will be completed in 1992, and the lessons to be learned for other countries will be evaluated. Ethnographic studies on attitudes, beliefs and practices related to ARI were conducted in all three countries, together with other analyses specific to the needs of each. In Bolivia, training strategies have been improved based on evaluations of the performance of village health workers in assessing and treating pneumonia. In the Gambia, a functional analysis of management problems is under way. In Thailand, research has been undertaken on drug resistance among young children and the quality of training given to health workers. Johns Hopkins University provided technical assistance in all aspects of the three-country research project, including its design, implementation and data analysis. Operational research has also been carried out in Brazil, India, Kenya, Nepal and Pakistan.

Integration: A desire to integrate ARI into ongoing primary health care programmes is especially strong in West and Central Africa (Benin, Cameroon, Guinea, Guinea-Bissau) but is also evident in other regions. ARI control will be linked with the Bamako Initiative or with existing essential drugs programmes in Burkina Faso, Comoros, the Lao People's Democratic Republic and Niger.

Training: UNICEF involvement in training is expanding and includes doctors and nurses as well as community health workers, although clear distinctions are made as to the role of each in ARI treatment. Pakistan, the Philippines and Sudan have established ARI training units (ATUs), which provide the same training functions as diarrhoea training units (DTUs). The peak seasons for diarrhoea and ARI differ in most countries, and, in some cases, ATUs also share staff and facilities with DTUs.

Two other areas receiving UNICEF support include the home management of ARI and communications activities. For home management, the emphasis is on ethnographic studies related to the beliefs and practices of caregivers. In communications, the current focus is on improved interpersonal contacts between health providers and mothers.



UNICEF 4988 Schutte

UNICEF 4650 Watson

Wherever possible, UNICEF country offices are building on the UCI network to integrate other components of health care for children. This approach helps to deliver additional vaccines, food supplements and key elements of the ARI and CDD programmes. It also enables community workers to offer advice to mothers when weighing or immunizing their children.

AIDS and children

According to WHO estimates, as of November 1991 more than 5 million men and 3 million women were infected with HIV, and HIV-infected women had given birth to almost 1 million HIV-infected children. Most of these children were from sub-Saharan Africa, and about half the total had developed AIDS or died. It is anticipated that by the mid-1990s, AIDS will be responsible for more child deaths in the sub-Saharan region than either malaria or measles. AIDS is expected to drive up infant mortality rates by 30 per cent or more during the current decade and seriously hamper the achievement of child survival goals in many African countries.

A global problem: WHO also estimates that there are a million or more HIV infections in Asia – most of them in India and Thailand – and that in Asia the incidence of AIDS could exceed the African case-load within a few years.

Taking into account the uneven quality of surveillance systems and official reporting, WHO estimates that there have also been about 1 million HIV infections in the Americas and the Caribbean. UNICEF offices in Paraguay, Peru and Venezuela report that the number of paediatric AIDS cases is increasing rapidly. Cases of paediatric AIDS almost doubled in Colombia between 1989 and 1990.

Understanding grows: As global projections of the AIDS case-load increased in 1991, so did global understanding of the disease, together with knowledge that the pandemic could be contained by changes in sexual behaviour. AIDS education strategies were evaluated in many countries, and UNICEF-supported programmes began to respond to the needs of special target groups, including street children, AIDS-affected women and AIDS orphans. These efforts were supported by funding through the Interregional Programme to Address the Impact of AIDS on Women and Children.

Interregional: The Interregional Programme supported AIDS education, advocacy, policy development, studies on AIDS orphans and community-based risk assessment and prevention methodologies that could be used by UNICEF field offices and others. The programme financed the preparation of audiovisual AIDS prevention materials and provided technical support for information exchanges on street children, AIDS orphans and homeless youth. Allocations were made during the year to Kenya, Madagascar, Mexico, Niger, Uganda and Zimbabwe. Country programme resources were also used to expand UNICEF participation in HIV/AIDS programming in an increasing number of countries.

School-based: UNICEF support for school health education during the year contributed to: preliminary surveys of the AIDS knowledge and attitudes of students, parents and teachers; curriculum development; production of education materials; teacher training; school drama presentations; and project evaluation. In Uganda, an estimated 2,173 teachers had been trained and 30,000 copies of a primary-school syllabus had been produced by the end of 1991. In Burundi, AIDS education was reaching 180,000 children in the fifth and sixth grades.

Street children: The vulnerability of street children to HIV infection as a result of substance abuse or the exchange of sex for food, cash, shelter or affection, is now widely understood. NGOs reported a high prevalence of sexually transmitted diseases (STD) among street children, and many country reports in 1991 stressed the need for systematic studies of street child populations. Other children at special risk include abused or neglected children and those displaced by war and other disasters. HIV infection rates among young prostitutes exceeded 80 per cent in some studies. UNICEF supported AIDS prevention activities for street children in a number of countries in Africa, and the Americas and Caribbean.

AIDS orphans: WHO estimates that there will be some 10-15 million AIDS orphans globally by the year 2000. In Uganda, the UNICEF office helped the Government to monitor the needs of these children, and in Tanzania, UNICEF provided technical teams to develop community care strategies for them. There were reports from Kenya that the number of HIV-infected babies abandoned in hospitals was increasing.

Change in behaviour: In the absence of a vaccine, treatment or cure, AIDS prevention is dependent primarily upon changes in sexual behaviour. Individuals with the lowest risk of becoming infected by HIV are those who have supportive and loyal family relationships, relative social and economic

UNICEF 2704 Kerry

UNICEF 4912 Schutz

There is no vaccine, no cure for AIDS. And the only way to prevent its spread is through education programmes designed to change behaviour.

UNICEF 4436/Marvin Lee

security, knowledge about reproductive health, and consensual sexual relations. While it might not be possible to stop the transmission of HIV during the 1990s, it is possible to contain the pandemic through safe sexual behaviour and preventive health interventions, including the use of condoms to prevent STD. Young people are in the front line of these defences.

Gender disparity: Decisions made by young people to have sexual relations are often influenced by dependence, coercion or exploitation, or lack of knowledge of the implications of sex, and young women between 15 and 19 years of age are at substantially higher risk of HIV transmission than young men of the same age. Seroprevalence studies in Africa show that women in the age-group between 15 and 44 have a higher HIV-infection rate than men. UNICEF advocacy during the year aimed to promote a better understanding of the HIV risk to youth and the need to improve the social standing of young women in particular.

Global partnership: UNICEF works closely with governments, the WHO Global Programme on AIDS (GPA), and many others in the field of AIDS prevention. WHO/GPA addresses the full range of national and international activities needed to approach the AIDS pandemic comprehensively. UNICEF works closely with WHO/GPA to maximize its comparative advantages for children. These include:

- expertise in the area of communication and social mobilization;
- long-standing relationships with health, education, information and other relevant ministries, and with NGOs that can promote an integrated approach to AIDS programming;
- wide experience with programmes on women and development, CEDC and families affected by emergencies and disasters;
- established UNICEF offices in all AIDS-affected countries in the developing world.

NGOs: Much of UNICEF AIDS programming during the year was implemented with, or through, individual NGOs or NGO networks. Local NGOs are perhaps the most sustainable, and expandable, source of care and services for AIDS-infected individuals and their families, and UNICEF is committed to the strengthening of their capacity.

Primary health care

The achievement of UCI goals announced during the year was based on an extraordinary logistical effort which provided unparalleled access to children in need of protection. The success of this exercise between 1985 and 1990 demanded that health care workers reach 80 per cent of the world's children with vaccines against the six main killer diseases, as many as five times in their first year of life.

It was obviously easier and less costly to meet that goal in countries which already had a working health system, but now that access has been established in most countries, UNICEF is anxious to build on the opportunities available. Wherever possible, country offices are exploiting the UCI network to integrate other elements of health care for children. So far, this 'UCI Plus' approach has helped to deliver additional vaccines, vitamin A and iodine supplements, and key elements of the ARI and CDD programmes. Other services can be expected to follow.

Bamako Initiative: Health Ministers in Africa have expressed their commitment to the Bamako Initiative principle of community financing for essential drugs and health care, now reaching 33 countries throughout the world. In several sub-Saharan countries, health delivery systems have practically collapsed under a host of pressures, paving the way for the Bamako Initiative to fill the gap. Communities in countries such as Zaire have shown considerable interest in organizing themselves in keeping with the principles of the Initiative and thereby establishing sustainable health care delivery systems despite the difficult conflict conditions in the country.

Malaria: During the past year, malaria has become the third largest killer of children under five in sub-Saharan Africa. In parts of the region, the breakdown of vector control programmes, due to escalating costs and the disillusionment of donors, has allowed malaria to spread virtually unchecked. The only glimmer of hope in this gloomy scenario is the effectiveness of programmes to impregnate bed nets with the insecticide Permethrin. In one trial area in the Gambia, the use of bed nets combined with the chemoprophylactic Maloprim (an antimalarial drug taken orally) has resulted in a 90 per cent reduction in malaria-related

Helping mothers to help themselves

Kazonga, Malawi: As the first smoke rises in the village compound, the mothers of Kazonga already have their smallest children securely strapped to their backs. There is a heavy day ahead and they are anxious to make the most of it. The mobile health unit is due at 7 a.m., and by 8 a.m. most of the mothers expect to be in their gardens, weeding and watering.

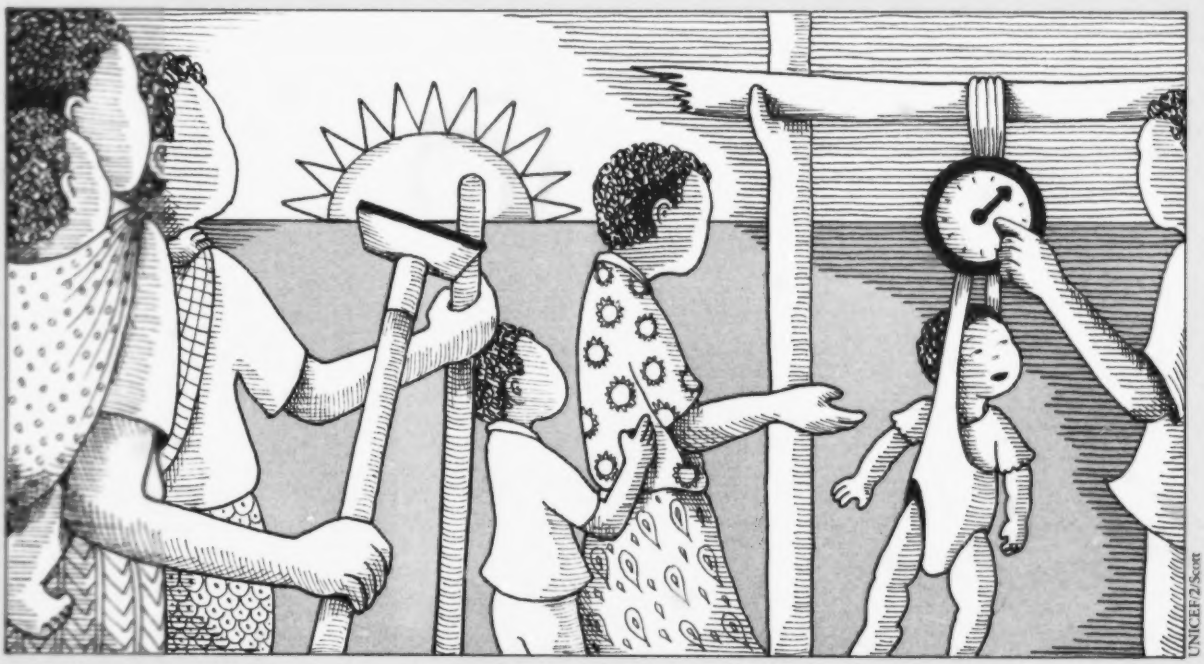
Although time is not equated with money here in central Malawi, the mothers of Kazonga have come to appreciate that time saved means greater personal freedom and an opportunity to take better care of their children's needs.

Kazonga is one of 35 villages in the Nkhisi district where 1,200 households severely affected by malnutrition and high child mortality rates were selected for an area-based CSD project in 1988. The UNICEF-supported project focuses mainly on health care, household food security and literacy. It is successful in large part because it has introduced time- and labour-saving services such as child day care as a means of freeing mothers to concentrate on other vital productive enterprises.

Before the project was established, the mothers of Kazonga would have to walk for an hour to the nearest clinic and spend most of the day waiting for attention before carrying their children home again. Today, the under-five-year-olds are weighed, immunized and treated for whatever ails them in the space of an hour. Village volunteers ensure that the mothers and children are available when the health unit arrives. They then remain to take charge of children who are no longer breastfeeding but are still too young for school. The volunteers are trained by the project to keep the preschoolers stimulated and ensure that they are properly nourished while their mothers are at work.

To strengthen household food production, the project provides women farmers with credit to buy fertilizer and better seeds for their food crops. At first, some of the women were wary of committing themselves to loans, but more intensive agriculture has trebled their yields and enabled many families to store a large surplus. Meagre crop yields in previous years obliged the women to hire themselves out to wealthier landholders for casual labour known as *ganyu*, during the labour-intensive wet season. Most found, however, that this could be a vicious cycle. Working for someone else at the peak of the season forced the women to neglect their own small holdings and suffer the consequences at harvest time. Although *ganyu* is usually paid for in kind, the mothers of Kazonga are discovering today that their overall productivity for the year is more than sufficient for their needs when they are able to give a full-time effort to their own land. Sixty-five per cent of those who took out loans in 1990 repaid their debts in 1991, and that percentage is expected to grow as marketing improves.

Other elements of the project include a campaign for better primary school attendance, agroforestry, immunization and the construction of safe water supply and sanitation facilities. Twenty-six of the 35 villages covered by the project report activities in each of these areas, but the mothers of Kazonga are wearing the biggest smiles. There hasn't been an outbreak of measles here in three wet seasons, and the number of diarrhoea cases has fallen noticeably. Immunization coverage has reached 90 per cent, 90 per cent of households have safe water supplies and sanitation facilities, and more than 70 per cent of families are managing to harvest 60 per cent more than they used to.



UNICEF/Scott

mortality among children under five. UNICEF supported the trial and is now helping the Government to replicate the experience in two districts. Similar successes have been recorded with the use of Permethrin-impregnated netting in Kenya and Tanzania.

Safe motherhood: UNICEF held a workshop in Colombo, Sri Lanka in August to discuss the causes of the nation's relatively low rate of maternal mortality and to develop a training package on safe motherhood for UNICEF staff. In November a training workshop for the MENA region was held in Amman, Jordan, and UNICEF also co-sponsored a safe motherhood meeting in Namibia for senior health experts and officials. The work of the Inter-agency Group on Safe Motherhood is continuing and a comprehensive plan to achieve the goal of reducing the maternal mortality rate by 50 per cent by the year 2000 is being developed. UNFPA, UNICEF and WHO have established new guidelines for training in midwifery, which will be applied in future programming.

Birth spacing: UNICEF involvement in birth-spacing activities is integrated within the safe motherhood initiative. Among the countries currently supported in collaboration with UNFPA and WHO are: Bhutan, the Gambia, India, Kenya, Lesotho, Maldives, Mali, Mozambique, Myanmar, Nepal, Sao Tome and Principe, Thailand, Tanzania, Viet Nam, Yemen and Zimbabwe.

The Bamako Initiative

By the end of the year, 33 countries, including 6 outside sub-Saharan Africa (Honduras, Myanmar, Nepal, Peru, Sudan, Viet Nam), had seriously begun to address the main principles of the Bamako Initiative as a means of revitalizing and expanding their health care systems. Greater decentralization of decision-making and the involvement of communities in the management of basic health services were well advanced in more than half of those countries.

UNICEF 5762/Goodsmith

Thirty-three countries are contributing to the cost of their own health care through the Bamako Initiative.

Some 2,000 health care facilities serving about 20 million people in 18 countries are restructuring their approaches in keeping with the Initiative. The countries are: Benin, Burundi, Cameroon, the Central African Republic, Congo, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Zambia.

Service gains: Countries such as Benin and Guinea, which have been implementing the Bamako Initiative since 1988, report that the use of health care services during the year has been maintained at a far higher level than under previous arrangements. Communities have continued to reinvest the finances they receive from service fees in essential drugs, local operating costs and small incentives for local health workers. These incentive payments range from about US$4 to US$30 a month. Overall, developments during the year vindicate hopes for the long-term sustainability of local health services through the government-community partnerships that are at the foundation of the Initiative.

Review: Preliminary results from an in-depth review of achievements and difficulties with the Initiative in five countries — Burundi, Ghana, Guinea, Kenya and Nigeria — confirm that communities are interested in and capable of assuming a more active role in managing and financing their local health services, and that this is a viable strategy for increasing access to priority health services. The review followed an evaluation sponsored by the United Kingdom, with additional support from Denmark, Norway, Sweden, UNICEF and WHO.

In September, UNICEF and the WHO Essential Drugs Programme hosted a major symposium on community financing, with support from the International Children's Centre (ICC) of Paris and the French Government. Most of the delegates came from West Africa and had the opportunity to share their experiences.

UNICEF has also begun to support operations research under the Initiative's banner in the areas of rational drug use, health financing and management, and community organization. Twelve European and North American universities and institutes have been linked with governments and counterparts in African countries to help deal with some of the issues.

UNICEF 505 Lemoyne

Family planning is closely related to the overall health of mother and child.

Broad international acceptance of the principles and potential of the Bamako Initiative was reflected in a decision by the World Bank to become a major partner in several countries including Burkina Faso, Guinea-Bissau, Mali, Mauritania and Senegal. The Bank is not only supporting the adoption of essential drugs policies promoted by WHO but is also sponsoring the UNICEF-supported concept that community involvement in the running of health systems is a precondition for their revitalization. The broad consensus which has emerged on such basic principles has facilitated the evolution of clear national health strategies and coordinated country approaches that are supported by major donors.

It also became clear during the year that democratization in an increasing number of African countries can improve the policy climate for the decentralization of health care as envisaged by the Initiative and open the door to greater public participation, while promoting government accountability for the provision of higher-quality health services.

Family planning

Support for birth spacing and family planning is an important part of UNICEF activities to promote CSD and the goals of the Summit. By empowering women to choose the number and spacing of the children they bear, responsible parenthood and family planning can greatly improve the quality of women's lives, the survival and healthy growth prospects of their children, and the sustainability of social development goals within the limitations of the natural environment. Experience confirms that when CSD and family planning activities are undertaken together, the returns are greater than either could accomplish on its own.

UNICEF involvement in family planning, in cooperation with UNDP, UNFPA, WHO, the World Bank, bilateral donors and NGOs, encompasses a wide range of activities in the MCH context. Related activities cover, among other things, the promotion of birth spacing; information, education and communication (IEC); training for community health workers, birth attendants and auxiliary nurse midwives; child survival; safe motherhood; female education; the promotion of women's role and status in society; income generation; adolescent health; and the advocacy of delayed marriage for teenagers.

Integration: In Cambodia, the Gambia, Myanmar, Sierra Leone, Sri Lanka and Thailand, family planning activities are integrated with the safe motherhood initiative. In the Maldives, it is promoted with CSD activities. In Mexico, UNFPA works with the national Family Planning Programme while UNICEF assists the MCH programme as part of the nation's broader health policy.

In Zimbabwe, UNICEF works closely with UNFPA, WHO and the World Bank to strengthen rural health units and advocate child spacing. During the year it supported the training of enumerators for a survey to provide EPI coverage figures and baseline data for child spacing. In Myanmar and Viet Nam, UNICEF-supported communications activities highlight family planning and safe motherhood. Namibia's first Safe Motherhood Conference was held with UNICEF assistance in November. As a matter of basic policy, UNICEF is not involved in abortion or sterilization. Nor does it provide contraceptives.

Nutrition

Gains in the nutritional status of infants and young children remain uneven in most developing regions of the world. The pace of improvements evident during the 1970s slowed during the '80s and has been reversed in some countries under conditions of severe economic stress, drought and war.

Recent studies show significant improvements in such countries as Brazil, China, Egypt, India, Indonesia, Mexico and Thailand, but in other countries, and in Africa in particular, malnutrition is on the increase. In the wake of drought, war and civil strife, 1990-1991 may go on record as one of the most severe periods of hunger on that continent. High-profile emergencies during the year threatened the lives and development of many millions of infants and young children in Angola, Ethiopia, Liberia, Mozambique, Somalia and Sudan and sometimes defied the best endeavours of external agencies to help.

Strategy: UNICEF promotes a combination of short-, medium- and long-term measures to reduce malnutrition among individual families, within communities, and nationally. While recognizing the importance of an adequate food supply, the principal assumption at UNICEF is that the control of infectious diseases and adequate care for children and women are both equally necessary conditions for good nutrition. Supply of food is not sufficient in itself.

The four main elements of the UNICEF nutrition strategy are:

- the control of three major micronutrient deficiencies — iron, iodine and vitamin A;
- the protection, promotion and support of breastfeeding;
- community participation and the empowerment of households to feed themselves, take care of their basic health needs and protect the environment in which their children are raised;
- the effective use of information to improve national nutrition policies and strategies.

This basic approach has been adopted by Bolivia, Ecuador, Malawi, Mali, Namibia, Swaziland and the United Republic of Tanzania. Several other countries including Bangladesh, Chad, Ethiopia, India, Mozambique,

A tragedy that can be averted

Sherpur, Bangladesh: Generations of wealth and education separate the lives of Anwara Begum and Khodeja Rahim, but the fortunes of both women have intersected cruelly through their children.

Anwara lives at the top of this small town in a two-storey house of concrete and brick. The ground floor is enclosed by a wide verandah, and its cool interior has modern furniture and a television set. Life could be comfortable for Anwara, but she is pregnant with her second child and is unable to escape the pestering of her parents-in-law, who own the house. While her husband works as a bank cashier in a distant town, she spends much of her time indoors with her young son, Shamin.

Khodeja lives a hundred yards down the road in a small bamboo-thatch hut with her father Abdur, a landless labourer. She has an eight-year-old son, Abdul, but his father abandoned them for the same reason that Anwara's in-laws have made her life a misery: the child is a cretin with severe and irreversible mental and physical disabilities, and society blames the mother.

While Abdul spends his days lying helplessly on the floor of the hut, Shamin has servants to help his mother care for him, but doctors in Dhaka have told Anwara that his case is equally hopeless.

Both children are the victims of iodine deficiency disorders (IDD), a health problem common to mountainous or flood-prone countries such as Bangladesh, where the trace element iodine has been washed from the soil. These disorders range from goitre, which is treatable, across a wide spectrum of mental and intellectual defects of varying degrees, including cretinism, paralysis and deaf mutism. A small amount of iodine is necessary in the diet to produce hormones for growth and development. Without it, children can grow up stunted, apathetic, mentally retarded or incapable of normal movement, speech or hearing. A lack of iodine in the diet of pregnant women can cause miscarriages or stillbirths.

The low iodine content of soil and water in communities such as Sherpur is transferred right through the food chain. Studies have shown that crops grown in Bangladesh contain only 10 micrograms of iodine per kilogram, compared with more than 1,000 micrograms per kg. found in iodine-rich soils. A 1982 survey in Bangladesh showed that 10.5 per cent of the population (11.5 million people) had visible goitres as a result of iodine deficiency and that another 40 million were at risk.

About 1 billion people in 95 countries of Asia, Africa and Latin America live in iodine-deficient areas, but the consequences can be avoided by iodizing commercial salt supplies or providing nutritional supplements in other forms. The cost of doing that is minimal – about 5 US cents per person per year – but unfortunately for women such as Anwara and Khodeja who have goitres, and for an estimated 20 million retarded children worldwide, the severity and extent of iodine disorders were not widely recognized until recently. Most of the seriously affected countries have only begun to iodize their salt supplies in the last several years.

In Bangladesh, UNICEF is supporting a control of iodine deficiency disorders (CIDD) programme implemented by the Bangladesh Small and Cottage Industries Corporation (BSCIC) and the Institute of Public Health Nutrition. The goal is to iodize all public salt supplies nationwide by the end of 1993. In the meantime, efforts are also being made to provide supplements to populations by various means, including lipiodol injections (iodine in oil) and iodine capsules.

Iodized salt is not yet available in the shops and marketplaces of Sherpur but Anwara and Khodeja now understand the cause of their children's disability. A visiting medical team recently gave lipiodol injections to all children under 15 and to women below the age of 45. The injections will cover their iodine needs for about three years, and Anwara was told that her second child had every chance of being born in good health – an event that she hopes will put an end to her in-laws' persistent recriminations.

UNICEF/J/Scott

Nigeria, the Philippines and Viet Nam are adjusting their strategies to achieve similar goals.

Feeding practices: Many countries have recognized the need to improve young child feeding practices, but in too many the focus has been on the composition of weaning foods rather than on the manner and frequency with which children are fed.

Growth monitoring: An evaluation of growth monitoring and promotion (GMP) in nine countries reveals a consistent underestimation of the time and effort needed to do the job effectively. Many activities have concentrated on the weighing of children, and too little emphasis has been given to analysis of the causes of faltering growth and appropriate responses. As a result of these findings, UNICEF will develop a new strategy for GMP in 1992.

Nutrition surveillance: UNICEF is also reviewing its strategy for nutrition surveillance as part of a joint exercise with FAO and PAHO in six countries.

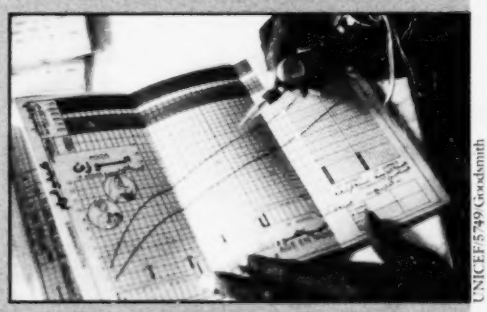
Micronutrients: An international policy conference entitled 'Ending Hidden Hunger' attracted delegations from more than 50 countries to Montreal in October and reinforced micronutrient goals endorsed by the World Summit for Children. The conference was organized by the Task Force for Child Survival and Development and initiated by UNICEF and WHO, with the co-sponsorship of FAO, UNDP, the World Bank, CIDA and USAID. There was general consensus that micronutrient goals were among the most do-able of the Summit's objectives and that approaches must be country-specific.

Iron deficiency, which affects hundreds of millions of women and children, is coming to be seen as the most widespread nutrition deficiency of all. Iron deficiency anaemia was the subject of consultations during the year between UNICEF and the ACC Subcommittee on Nutrition (SCN), and preparatory consultations on vitamins A and C and iodine deficiencies are under way with WHO.

Central and Eastern Europe: UNICEF continued its support for the International Council for Control of Iodine Deficiency Disorders (ICCIDD), and iodine deficiencies in Eastern Europe attracted special attention during the year. ICCIDD missions identified serious problems in eight Eastern European countries, and a survey and training mission to the then USSR discussed the use of iodized oil for unmasking thyroid malignancy in the aftermath of Chernobyl. The findings were later discussed at an international symposium held in Tashkent in November.

UNICEF 4669/Watson

An adequate supply of food is not sufficient to ensure good nutrition. Control of infectious diseases and preventive care for women and children are equally important.



UNICEF 5749/Goodsmith

Distribution: Iron tablets are frequently included in essential drug kits or distributed through health posts, NGOs, churches and mothers' clubs. Vitamin A capsules are given to children under six years of age, and, in some areas, foods that are rich in vitamin A are promoted through household food security programmes, supported in cooperation with FAO.

UNICEF provides equipment and training for salt iodization through country programmes, and in many nations iodized oil is also provided in capsule form or by injection (*see profile*, 'A tragedy that can be averted'). Some countries, including Mali and Viet Nam, are also exploring technologies for iodine distribution through drinking water supplies.

In 1991 UNICEF provided 11 million capsules of iodized oil, 160 million high-dose capsules of vitamin A, and about 1 billion tablets of iron sulphate, usually in conjunction with folic acid.

Household food security: Africa is the main focus of UNICEF support for household food production, and ESARO recruited a senior adviser on household food security during the year. A regional study of household food security is under way, with a view to defining key programmatic interventions for each country. In some West African Sahelian countries, UNICEF has supported village-level cereal banks, and in Malawi an agricultural credit scheme for small farmers is being replicated by the World Bank and other donors. UNICEF remains an active participant in activities for the Decade for Food and Nutrition in Africa, and its offices on the continent continue to provide innovative support for household food policy assessments and design.

Breastfeeding

The 'Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding' is the policy basis for UNICEF action to improve infant and young child feeding practices from birth to two years of age.

The Innocenti Declaration specifies four areas of country-level action to:

- create a multidisciplinary breastfeeding committee with a national coordinator to ensure that breastfeeding is supported;
- ensure that every maternity-care facility supports exclusive breastfeeding from birth, in keeping with the joint WHO/UNICEF guidelines 'Ten Steps to Successful Breastfeeding' (*see box*);
- adopt legislation to implement the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions;
- enact appropriate maternity entitlement legislation to ensure that all women can breastfeed exclusively for the first four to six months, without sacrificing their health or their financial and job security.

Responsibility: The Declaration underlines the responsibility of governments and society to create an environment that enables women everywhere to practise the ideal child-feeding goals adopted by the World Summit for Children. Progress in this area accelerated in 1991 when WHO and UNICEF launched the baby-friendly hospital initiative (BFHI). (*See box.*)

BFHI specifically recognizes the supportive role that maternity hospitals can play in the promotion and protection of breastfeeding. It also recognizes, however, that hospitals have greatly contributed to a trend away from breastfeeding through routine practices such as separating mother and child at birth, starting newborns on artificial foods, and denying women support in the critical early stages after birth to initiate and sustain breastfeeding.

Early starters: Twelve countries – Bolivia, Brazil, Côte d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, Philippines, Thailand and Turkey – received intensive support from UNICEF and WHO during the year to ensure that by early 1992 major facilities in each country would become

BABY-FRIENDLY HOSPITALS

Twelve countries* had shut the door on the free or low-cost distribution of infant formula by early 1992. And 52 major hospitals in those countries agreed to follow 10 basic steps to protect, promote and support breastfeeding, thus earning UNICEF/WHO baby-friendly hospital awards.

The baby-friendly hospital initiative (BFHI) was launched by UNICEF and WHO in June to save breastfeeding from becoming an 'endangered practice' – a fate which hospitals and medical practitioners in both rich and poor countries have encouraged by separating mother and child at birth and initiating the artificial feeding of newborns. Hospitals and medical staff have also contributed to a decline in breastfeeding by failing to encourage mothers to breastfeed their babies, and in some cases, actively promoting infant formulas. In most cases, these practices severely undermine women's capacity to breastfeed after discharge from hospital. In developing countries, they can also jeopardize the health and survival prospects of young babies.

Failure to breastfeed deprives infants of the vital immunities contained in breastmilk as well as safe, reliable, appropriate and free nutrition during the first and most vulnerable months of their lives. Although blessed with this natural option, many millions of mothers each year are persuaded to feed their babies breastmilk substitutes. In poor countries in particular, the promotion of infant formula has been disastrous.

Women leaving hospitals and clinics with 'gifts' of formula and feeding bottles quickly find that artificial refills are expensive, if not beyond their means. Many of these women overdilute formula products to make the packet last longer, mix them with unclean water or feed them to their infants in unsterilized bottles. A bottle-fed baby in a poor community is 15 times more likely to die from diarrhoeal diseases and 4 times more likely to die from pneumonia than a baby who is exclusively breastfed. WHO estimates that more than 1 million lives could be saved every year if mothers gave their babies nothing but breastmilk for the first four to six months.

Even in the poorest of circumstances, a mother can conveniently provide her child with all the nutrition needed for the first four to six months of life by exclusively breastfeeding. This is the central message of BFHI – a message endorsed in 1990 by a majority of world leaders attending the World Summit for Children. The Summit Plan of Action and Declaration calls for the

The 12 pioneering countries in 1991 were: Bolivia, Brazil, Côte d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, the Philippines, Thailand and Turkey.

UNICEF/4933/Press

"empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year."

As promoters of infant formula, hospitals and clinics in many of the poorest countries have become dependent on free or low-cost supplies from distributors, but in support of the goals of BFHI, the International Association of Infant Food Manufacturers has promised that its 29 members will stop supplying free or low-cost formula to hospital and maternal facilities in developing countries by December 1992.

The goal of BFHI is to have a majority of leading maternity institutions in all countries designated as 'baby-friendly' by 31 December 1992. Early responses have been encouraging. A total of 52 major hospitals in the 12 early-qualifying countries have been given baby-friendly plaques to post on their premises, and it is hoped that with experience and supporting advocacy the BFHI logo will be recognized by women everywhere as a symbol of protection for their young. UNICEF and WHO see BFHI as the leading edge for infant feeding reform, the routine vaccination of all unimmunized children seen by the staff of baby-friendly hospitals, and another distribution point for ORS and greater public awareness of ORT.

Ten steps to successful breastfeeding

Every facility providing maternity services and care for newborn infants should:

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within a half-hour of birth.
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breastmilk unless medically indicated.
- Practise rooming-in – allow mothers and infants to remain together – 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

UNICEF/4989/Dodo

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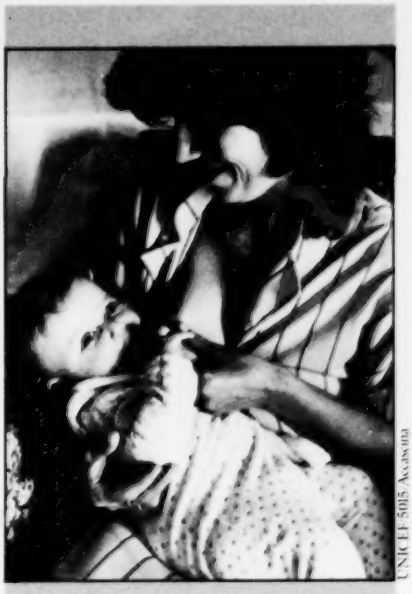


UNICEF 5015 Acosta

Breastfeeding gives a baby the best start in life.

baby friendly. A number of other countries including China, Djibouti, Indonesia, Iran, Iraq, Sudan, Swaziland and Tunisia also initiated baby-friendly support activities during the year. Experiences from these countries will be used to expand the initiative globally. UNICEF programmatic efforts will be directed to advocacy, the training of health workers in lactation management, and research and legislation to protect breastfeeding.

Monitoring: The challenge of monitoring breastfeeding goals was overcome in 1991 through the development of indicators for household and health care facilities. The indicators and methodology for monitoring resulted from collaborative efforts between UNICEF, WHO, USAID and breastfeeding promotion organizations.

WHO convened a meeting in September to review national experiences in implementing the Code and to discuss mechanisms to accelerate the process. It has become clear that unless there is a rapid increase in the technical capacity of governments to analyse marketing practices and develop appropriate regulations, the protection of breastfeeding will continue to be compromised, and that promotion and protection efforts will continue to compete with misinformation directed at mothers and public health workers. To meet this challenge, there was greater collabora-

tion during the year with WHO, with bilateral agencies such as USAID and SIDA, and with NGOs and associations of health professionals. Global implementation of the Innocenti Declaration received a boost on three fronts in 1991 through:

- the creation in February of the World Alliance for Breastfeeding Action (WABA) to mobilize the technical and human resources of the major international organizations for implementation of the initiative.
- USAID's creation of Wellstart, a centre for breastfeeding excellence, with a US$30 million fund. Wellstart was commissioned to prepare all the technical tools for implementing BFHI, including the training of an international force of trainers and assessors to evaluate hospital performance.
- renewed enthusiasm among donor governments to fund breastfeeding promotion activities. In addition to USAID, the Governments of the Netherlands and Sweden have helped WHO and International Baby Food Action Network (IBFAN) groups to increase their capacity to accelerate governmental implementation of the Code. □

Basic education

The expanded vision of education for all (EFA), articulated by the World Conference on Education for All, held at Jomtien, Thailand in 1990, was the principal frame of reference for all UNICEF education activities in 1991. It became clear that the Jomtien objectives, reaffirmed in the World Summit Declaration, also had a major impact on the way nations viewed the challenge. Governments, international agencies and NGOs collaborated in more than 100 education conferences during the year to stimulate awareness of the educational challenges and to develop workable responses.

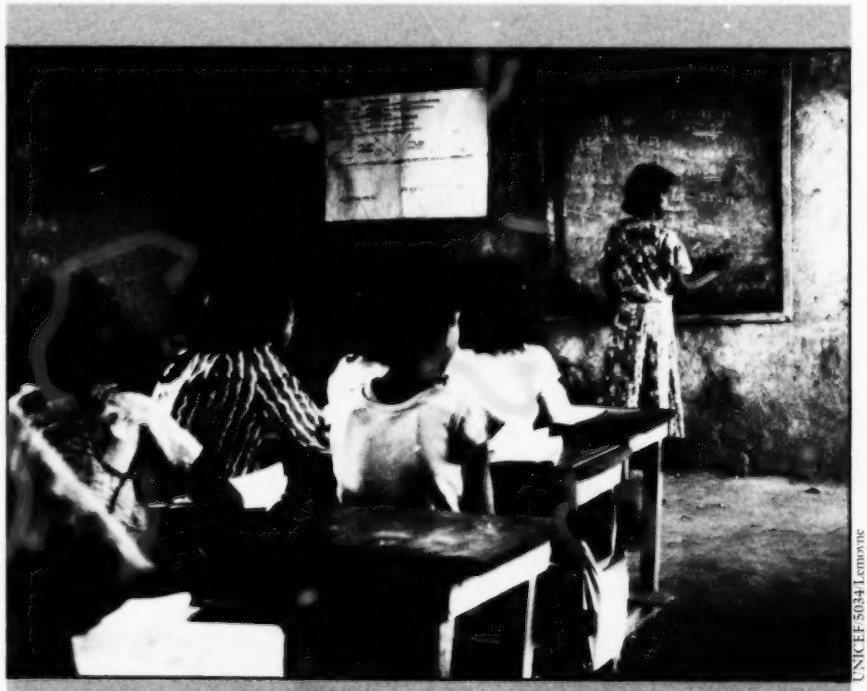
UNICEF encouraged and supported the formulation of EFA follow-up in more than 70 countries, and the Executive Director chaired a session on the prospects of attaining universal primary education at an International Consultation Forum in Paris (4-6 December).

Jomtien follow-up: A UNICEF survey found that about 56 per cent of the responding countries had created multisectoral bodies to mobilize national resources for education and that 60 per cent had included EFA goals in their country programme recommendations. Priorities for action vary from one region to another. While quality of education is a major concern in East Asia and Latin America, access to education and gender disparities plague the countries of South Asia and sub-Saharan Africa and, to some degree, the MENA region.

Building capacity: UNICEF has a four-phase action framework to promote EFA goals over the next 10 years, and a great deal of work in 1991 was devoted to policy studies and training packages to build the organization's institutional capacity to carry it through. The Education Cluster, formed in 1990, now has five senior advisers to provide policy and technical support for programming in the field and to help build alliances. A support team of senior regional education advisers will work with the regional offices EAPRO, ESARO, ROSA and TACRO, and advisers will be recruited for MENA and WCARO. About 60 programme officers are also being recruited to help implement basic education goals. To help reinforce understanding of UNICEF priorities in education, consultations at regional and headquarters levels were held for more than 250 representatives and senior staff. More than 90 programme officers from some 60 countries attended regional training workshops held in Bangladesh, Tunisia and Zimbabwe.

Primary education: The bulk of UNICEF support in the education sector is directed to primary education and the development of action plans; curriculum reform and review; textbook and teaching aid production; teacher training; improved school management and supervision; expanded facilities for the disadvantaged; better learning indicators; and assessment techniques. In Bangladesh, for example, UNICEF supported curriculum workshops for 46,000 primary school teachers, the printing of 50 million textbooks, and in-service training for 163,000 primary school teachers.

The girl child: The countries of Asia and sub-Saharan Africa are paying particular attention to the need to eliminate gender disparities (*see profile*, 'Educating the girl child'). Mosque schools in Bangladesh, Kenya, Mali and



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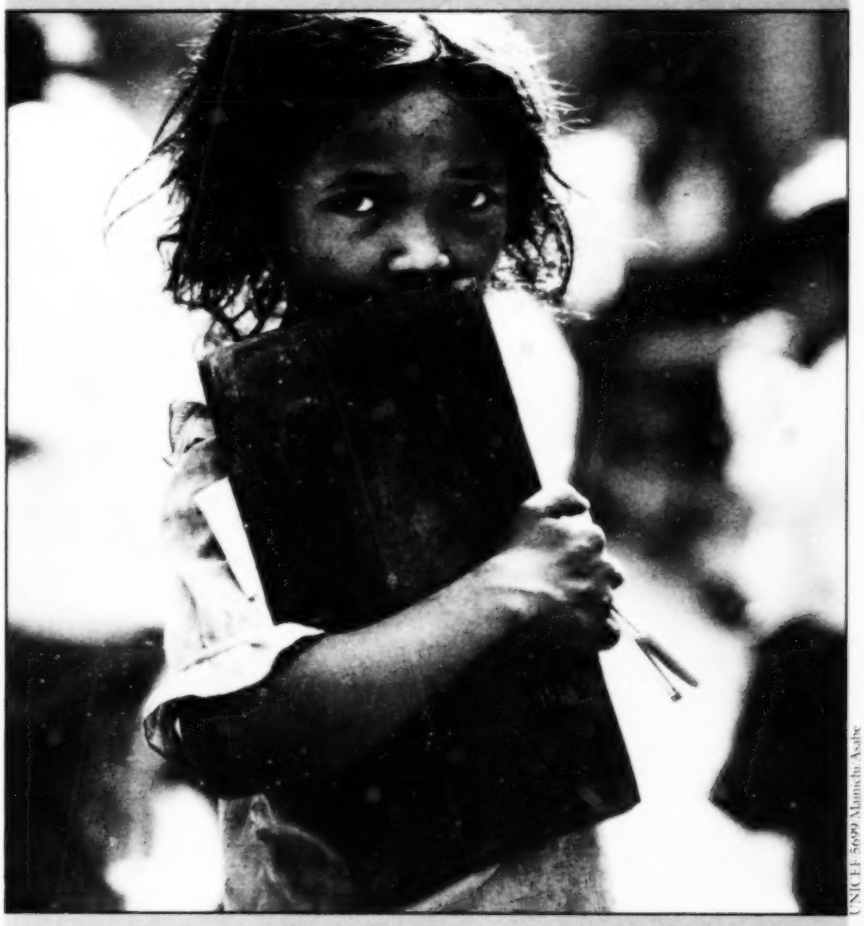
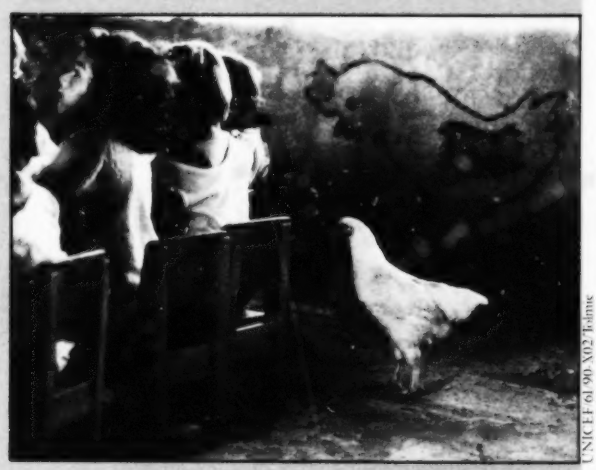
To achieve universal primary education, the focus must shift from higher education for the few to primary education for all.



UNICEF 5699 Mamichi Asabe

About 40 per cent of school-age children still do not have access to formal schooling or drop out before completing the primary level. UNICEF addresses the need for non-formal education and the needs of girls in particular, supporting innovative approaches to basic education.



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Pakistan offer one answer to parents' concerns for the physical and moral safety of daughters in an educational environment. The Cheli Beti programme in Nepal is catering to the educational needs of girls in inaccessible rural areas. Home schools in Pakistan educate girls who have no access to formal schools. BRAC has been providing quality education to students — mostly girls — of poor, landless families in Bangladesh.

Adult literacy: UNICEF support for illiterate adults, and for women in particular, is widespread. In Nigeria, a women's education project is being implemented in 16 local government areas. Namibia has developed a national programme for non-formal and adult education. Haiti, with help from UNICEF and UNESCO, held a workshop during the year to formulate a national literacy policy. Women's literacy programmes are being supported in Algeria, Jordan and Yemen. Indonesia is addressing the needs of illiterate women through non-formal education tied to income generation.

Bihar Education Project (BEP): The most comprehensive and innovative large-scale education project supported by UNICEF is in India's Bihar State. More than 400 NGOs were involved in a state-wide effort to create an 'education environment' in 1991 by training 30,000 community motivators to reach some 2.5 million illiterate children, women and men. BEP focuses especially on the needs of women and girls, from early childhood development, through primary and non-formal education, to adult education.

Health, nutrition and peace: Many countries, including Mali, Morocco and the Persian Gulf nations, promote health and nutrition in primary schools. Uganda has a large-scale school health programme to combat AIDS. UNICEF has been supporting special education facilities for war-traumatized children in Angola, Liberia, Mozambique and Sri Lanka, and for street and working children in Brazil, Egypt, Kenya, Mexico, Pakistan, the Philippines and Zambia.

A UNICEF-supported Education for Peace programme in Lebanon continues to reach thousands of young people from diverse backgrounds. The programme helps them to accept their differences and to learn from one another to live in harmony.

Basic education reserve fund: Fourteen countries, including Bangladesh, Botswana, Brazil, Ecuador, Lebanon, Mexico and the Philippines, have received funding approval for innovative projects focused on Jomtien goals.

Inter-agency collaboration: The heads of the sponsoring Jomtien agencies — UNDP, UNESCO, UNICEF and the World Bank — met on the first anniversary of the conference. UNICEF

and UNESCO have signed a formal agreement for the development of indicators to monitor EFA and the analysis and dissemination of innovations in basic education. There have also been preliminary discussions with the UNESCO Institute of Education for cooperation with some UNICEF country offices in surveys of non-formal education.

A meeting between the UNICEF Executive Director and the World Bank's Vice-President for Africa resulted in arrangements for a more formal long-term working relationship with the Bank in sub-Saharan Africa. UNICEF has been involved in the Donors to African Education (DAE) Task Force, composed of African Ministers of Education and 27 multilateral/bilateral donors and private foundations, and cooperated with DAE working groups on female education, statistics and teaching, and its computer-based donor information system (DIS). The DAE Task Force gives policy guidelines for implementing the recommendations contained in the World Bank study, *Education in sub-Saharan Africa*. UNICEF and USAID education staff have formed a working group on EFA and will coordinate their field activities in basic education. Preliminary discussions on areas of possible cooperation were also held with the Overseas Development Administration (ODA) of the United Kingdom.

Collaboration with UNDP has been greatly enhanced through contact with the *Human Development Report* team and those concerned with girls' education in particular. This subject has been an important entry point for UNICEF collaboration with NGOs as well. On 15-16 August UNICEF organized a conference at headquarters on the 'Third Channel' approach to basic education, which includes the application of all forms and instruments of media, from traditional to modern, to provide the knowledge, skills and values required for better living.

Future challenges: The World Conference on Education for All and the World Summit for Children helped to expose the inadequacy of physical and financial resources for education, and UNICEF activities in 1991 further highlighted the difficulties that lie ahead. Gender-disaggregated data on basic education is absent for many countries, and, where data does exist, the analysis of education needs, policy responses and strategies tends to be very weak. □

Water supply and sanitation

The focus of the WATSAN sector has shifted very noticeably from the delivery of handpumps and other technologies to an emphasis on people and their motivation to use, manage and maintain them. After more than a decade in the field, the technologies are largely proven but their dissemination is hampered by a shortage of resources and, in the case of sanitation, by limited effective demand. Experience indicates that the motivation of potential users hinges on their understanding of the beneficial impact that WATSAN services can have on their overall quality of life. That motivation, in the case of sanitation and water supply, may well be based more on perceptions of convenience and time saved for other activities than on health. The need to restructure resources in favour of proven technologies and approaches to serve low-income populations presents a major challenge to UNICEF in the 1990s.

Enhancing internal capacity: There is clearly a need to take those concepts and technologies that have been tried and found successful and replicate them as widely as possible. For the 160 or so UNICEF professionals in the WATSAN sector, this will mean retraining to make a shift in focus from hardware to software, from vertical to intersectoral programmes, and from technical to social concerns.

Regional training seminars will be held over the next two years (1992-1994) to re-equip most if not all of the UNICEF WATSAN staff in the field. A training package with eight standard modules was pre-tested in Sri Lanka during July. The modules cover capacity-building; the integration of water, sanitation and hygiene; low-cost options; community management; intersectoral linkages; hygiene education; sanitation; and mobilizing support.

Strengthening sector monitoring: UNICEF and WHO have devised a joint monitoring programme (JMP) to help governments track progress towards national goals. While the emphasis is on strengthening national capacities to improve sector planning through improved access to updated information provided by monitoring, information on a few core indicators from about 120 countries will be used to produce annual reviews in three main

UNICEF 5690/Mamiche-Asabe

UNICEF 5693/Mamiche-Asabe

Poor and remote communities benefit from low-cost technologies.

areas of WATSAN coverage, systems management and funding. This information will be used for global advocacy on behalf of the sector.

During the year, in-depth programme evaluations to enhance the corporate knowledge-base and redirect interventions were completed in Honduras, the Lao People's Democratic Republic, Nigeria, Uganda, Viet Nam and Zaire. Mid-term reviews were carried out in Burundi, Mali and the Philippines.

Improved intersectoral linkages: An increasing number of countries report firm linkages between their WATSAN programmes and those in other sectors. The most common linkage is between WATSAN and health through the control of diarrhoeal diseases (CDD), as reported in Afghanistan, Angola, Bhutan, Botswana, Burundi, the Central African Republic, Chad, Ghana, India, Malawi, Maldives, Mozambique, Nepal, Nigeria, Pakistan, Peru, Sri Lanka, Tanzania, Thailand, Viet Nam, Zimbabwe and most Central American countries. Among countries establishing other linkages in 1991 were Cambodia, Côte d'Ivoire, Gambia, Morocco, Pakistan, Peru and Solomon Islands (education); Benin and Mauritius (nutrition); and Bhutan, India, Nepal, Togo and the countries of Central America (environment).

Strengthened sector coordination: A newly formed Water Supply and Sanitation Collaborative Council had its first meeting in Oslo, Norway in September. The Council comprises active sector professionals from developing countries and external support agencies including UNICEF. Its role is to provide global coordination and a forum for discussion of sector issues. It was established in response to United Nations resolution 45/181 of 3 December 1990 to improve collaboration among developing countries and external support agencies. Coordination in Oslo was excellent, and the challenge for UNICEF now is to achieve the same at country level, where a pooling of resources would reduce costs and improve efficiency. There is ample room for progress on this front, although several encouraging examples of UNICEF collaboration with other agencies already exist in the field.

In Nigeria, UNDP, UNICEF and the World Bank are coordinating support to the Government in the formulation of a sector action plan for the 1990s. The European Economic Community has joined forces with UNICEF to help several Nigerian states build their capacity for service coverage. In Central America, UNICEF is working with UNDP and the World Bank, the Inter-American Development Bank, CIDA, SIDA, Switzerland's SDC, WASH/AID and Germany's GTZ in a Guatemala-based programme to accelerate WATSAN service coverage for low-income populations in the region. In Pakistan, UNDP and UNICEF are jointly funding an accelerated WATSAN project, and in Viet Nam, the World Bank is discussing support for a UNICEF-assisted health and hygiene education programme for primary schools.

Guinea worm disease: Sustained efforts have yielded results. Three countries — Nigeria, Ghana and Burkina Faso — share more than 75 per cent of the world's cases of guinea worm disease, and it is widespread in each. Nigeria and Ghana, however, report national case-load reductions of 40 per cent and 30 per cent respectively. A combination of factors have enabled them to achieve this. They include systematic WATSAN interventions since 1984 in the endemic areas of Nigeria; the appropriate conceptualization and use of health education materials; an economic assessment of the gains to be made from guinea worm control; and a well-packaged advocacy campaign.

Sanitation: Many countries have come to accept that the disappointing responses to sanitation programmes so far will only be overcome by innovative measures, supported by intense and sustained social mobilization. Sanitation is increasingly recognized as a social issue, and this realization, coupled with an understanding of the nature of the problem, is a giant step towards its resolution.

Knowledge, attitudes and practices (KAP) studies are being applied in many countries to identify reasons why latrines receive such low priority. KAP studies in Bangladesh, Botswana, India and other countries show that the convenience and privacy of latrines have more influence on people's decisions to build and use them than does the health factor. New sanitation programme approaches are being tried in Bangladesh, Botswana, Cambodia, India, Uganda, Vanuatu and Viet Nam. Botswana is pinning its hopes on a revolving fund to finance household latrines, and Bangladesh plans to step up its social mobilization and build strategic alliances with the private sector.

Community management: Among countries reporting favourably on their experiences with community management in WATSAN are Bangladesh, Bhutan, Cambodia, Cameroon, the Central African Republic, Chad, Comoros,

UNICEF 5681 Sprague

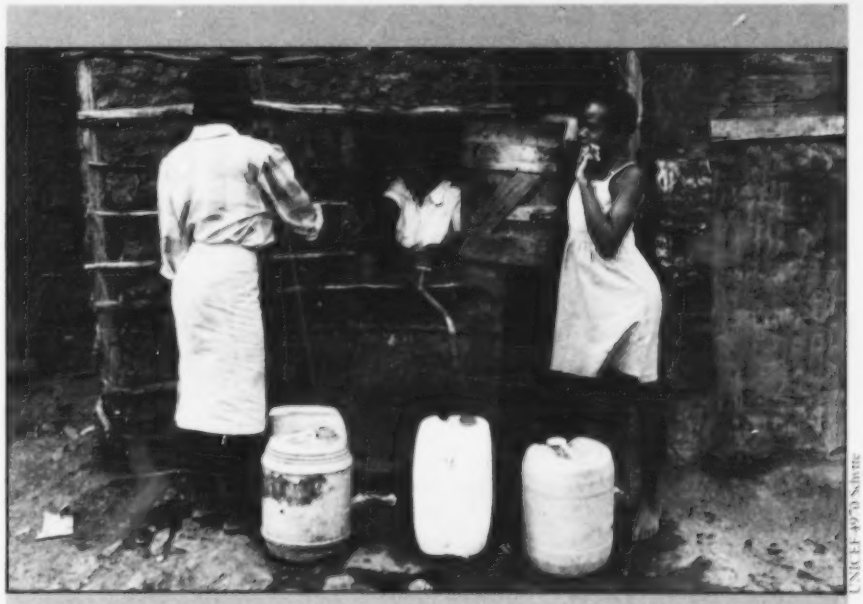
Sanitation is increasingly recognized as a social matter, rather than a simple health concern.

Equatorial Guinea, Guinea, Haiti, Kenya, Mali, Mozambique, Niger, Pakistan, Rwanda, Sierra Leone, Sri Lanka, Sudan, Tanzania, Thailand and Uganda. Communities in Chad are investing about US$300 in each new water well, while Cameroon boasts contributions of US$175 for each water point. In Equatorial Guinea, the Bamako Initiative will be used as the framework for self-financing WATSAN systems. Community management includes participation in the decision-making process, financial contributions to new systems and community maintenance of those systems.

Capacity-building: Programme sustainability hinges on the capacity of sector institutions at national and subnational levels, but only a handful of countries have a dynamic and properly planned capacity-building element in their programmes. Among the countries that have recognized this deficiency and moved to correct it are Angola, Cambodia, Ghana, Guinea, India, Mozambique, Nigeria and Pakistan. Technical cooperation among developing countries (TCDC) is one of the most effective means of initiating capacity-building, and UNICEF should capitalize on the role it can play. By visiting other countries in similar socio-economic and geographic circumstances, government officials can have first-hand experience of UNICEF-assisted WATSAN approaches that have worked.

Leveraging support: The main UNICEF contribution to the International Drinking Water Supply and Sanitation Decade was in conceptualizing and mobilizing support for low-cost service delivery. Low-cost technologies made basic services accessible for communities that were otherwise too poor or remotely situated to benefit from traditional service supply and management. The financial contribution of UNICEF was minuscule — less than 1 per cent of global expenditures in the WATSAN sector — but its influence on policy leveraged support from governments, other external agencies and the private sector. Its advocacy of low-cost solutions and community management, and of the need to direct resources towards rural and low-income urban areas, had a very significant multiplier effect.

Low-cost option: Despite major progress in the 1980s, when some 1.3 billion additional people gained access to safe water supply and close to 750 million gained access to adequate sanitation, demand in the 1990s is running far ahead of supply. Conventional WATSAN systems have a per capita cost of about US$200 for water supply and US$350 for sanitation. They usually include mechanized pumping and water and sewage treatment plants, and provide individual household connections. Low-cost technologies can provide adequate services for a fraction of the cost — about US$30 and US$20 per capita for water and sanitation respectively. Low-cost systems are usually installed in rural areas. They commonly provide safe drinking water at strategic community locations by way of handpump-equipped boreholes, hand-dug wells, rainwater harvesting or gravity-fed systems. Latrines are usually of the on-site type such as pour-flush, ventilated improved pit (VIP) or simple pit.



UNICEF/1990 Silvette

The need to restructure resources to serve low-income populations presents a major challenge to UNICEF.

While UNICEF has been successful in promoting virtually 100 per cent usage of low-cost technologies within its regular assisted programmes, only about 20 per cent of the total global WATSAN expenditures in developing countries are currently allocated to these low-cost alternatives. In many external support agencies, this percentage is even smaller. If UNICEF is to expand its impact in this area, it will have to take the concept of low-cost sustainable coverage beyond the communities it helps to policy makers at subnational, national and international levels. Ultimately, UNICEF partners in development, governments and other external support agencies will have to focus much more on this option if they are to achieve their service coverage goals for the 1990s.

During 1991, UNICEF cooperated with 97 countries in water and sanitation projects or activities. The financial input to the sector was US$73 million, excluding US$20 million for emergencies. Over the previous three-year period (1988-1990) annual inputs to the sector in total, and as a percentage of total UNICEF programme expenditures, were US$69 million (17 per cent); US$76 million (15 per cent) and US$82 million (14 per cent).

Of the 97 countries with UNICEF-assisted WATSAN projects or activities, 37 are in Africa, 30 in Asia, 18 in the Americas and the Caribbean, and 12 in the MENA region.

About 110,000 water supply systems were completed during the year, including 98,500 drilled/dug wells and handpumps, 3,250 standpipes, and 9,300 other types, including rainwater and protected springs. Some 22.5 million people benefited overall. Also completed in 1991 were 673,000 sanitary excreta disposal facilities, which benefited about 6 million people. □

Sustainable development — the environment

The focus on environmental activities was sharpened during the year with the establishment of an Environment Section and preparations for UNCED, to be held in Rio de Janeiro in 1992.

Two main factors have underlined the need for UNICEF to review and strengthen its strategy for environmental protection and improvement. One is the growing international recognition of the synergy between a healthy environment and a nation's development prospects. The other is a strong mandate from the World Summit, which emphasized that major goals for children could not be met without attention to the environments in which they live. UNICEF is therefore reviewing its environment strategy in consultation with field offices, and a number of studies for advocacy and policy guidance are being prepared. These include an updated version of the publication *Children and the Environment*.

Primary environmental care: One major constraint on progress has been a tendency in both industrialized and developing countries to view the environment in physical, rather than human, terms directly related to the impact of the environment on the poor and their children. UNICEF is therefore placing its emphasis on the linkages between child-related concerns, sustainable development and the environment. It is promoting the concept of primary environmental care (PEC) — an approach that already informs many UNICEF community-led initiatives. PEC emphasizes the need for basic services, a healthy physical environment, community participation and the empowerment of communities with relevant knowledge and information.

Collaboration: In pursuing these goals, UNICEF has greatly increased its collaboration with other United Nations agencies and NGOs. It has been involved in the regional and Preparatory Committee meetings for UNCED, and in May, a UNICEF paper highlighted the interrelationships between women, children and the quality of their environment at an UNCED/UNFPA/UNICEF symposium entitled 'Women and Children First'. UNICEF contributed to a number of NGO initiatives including the World Women's Congress and the Global Assembly of Women and the Environment, both of which were held in Miami in November, and the 'Voice of the Children' campaign, coordinated by the Environment Defence Foundation (FUNAM) in Argentina and the Norwegian Campaign for Environment and Development. Preparations were made for UNICEF participation in the International Conference on Water and the Environment (Dublin, January 1992).

CSD: Meanwhile, UNICEF country activities continue to support the environmental components of CSD. While recognizing that improved child survival can accelerate a decline in fertility rates and reduce population pressures on the environment, many UNICEF country programmes are also emphasizing the birth spacing and safe motherhood aspects of MCH programmes. UNFPA collaborates in some of these activities. Preventive health care components that interact closely with the environment, such as CDD and malaria control, are also emphasized.

Education: Environmental education is being promoted in several countries. In Madagascar, nutrition education in schools has provided an entry point for reafforestation (*see profile*, 'Joining forces to save the environment'). In Sri Lanka, a local women's NGO organized a mass campaign for non-formal environmental health education for rural women.

Water: The UNICEF approach to water supply and environmental sanitation has become more integrated. It stresses community participation and includes drainage, vector control and sanitation, education, protection of fresh water sources and appropriate technologies. In the Amazon region of Brazil, UNICEF has been a catalyst for a low-cost water decontamination campaign for communities in the State of Para.

Urban environmental issues are of growing concern. Urban sanitation projects in the Baldia township of Karachi, Pakistan, and the Honduran capital, Tegucigalpa, reflect UNICEF concern for the health of poor urban families.

UNICEF is supporting small-scale forestry in Ethiopia, Guatemala, Malawi, Mali, Nepal and Sudan, and is promot-

UNICEF 4298/Noorani

UNICEF 4935/Pirozzi

Environmental degradation often strikes countries with already fragile farm sectors.

Joining forces to save the environment

Fenerive-Est, Madagascar: There was a time when they called Madagascar 'the green island', but the name, like its fabled list of rare animal and plant species, is fading into legend.

Traditional slash-and-burn techniques for rice-cropping and cattle grazing, coupled with wasteful fuelwood consumption, are effectively destroying the heritage of the nation's children. Seen from the air, the rain forests and lush deciduous woodlands that once cloaked five sixths of this fourth largest island in the world have shrunk to just 15 per cent of the land mass. A biological treasure has given way to bald hills and plains, criss-crossed by yawning crevices filled with the reddish-yellow wash of erosion.

Fenerive-Est was one of the richest areas on the map. It had a thriving agricultural economy supported in part by the export of cloves, but it is now one of the poorest districts in the country because its inhabitants have literally burned their patrimony.

In the month of November, Malagasy farmers set fire to the eastern escarpment to clear the hill slopes for rice. They fertilize the soil with the ashes and crop it for three years, or until the fertile topsoil has been washed down the valley. At that point, they burn another patch of forest and move on. In the drier south and west of the country, the cattle herders torch the savannah just before the rains. The first moisture brings a quick rush of succulent green pasture through the charred stubble, but once the cattle have cropped it, the remaining bramble and prairie weeds are insufficient to bind the topsoil and erosion sets in.

These bush fires, which pock the island landscape, destroy about 150,000 hectares of woodland every year. Hundreds of animals perish every time a patch of forest is cleared and at least 14 animal species, including the pigmy hippopotamus, have become extinct. Dozens of others are on the endangered list, including all of Madagascar's lemurs.

The ecological tragedy unfolding rapidly in Madagascar has caused alarm among scientists and conservationists globally. They warn that unless the country's 10.3 million people can be persuaded to change their ways, normal rainfall patterns will give way to drought, and human

populations will be enmeshed in a fight for their own survival.

In Fenerive-Est, that prospect is already reflected in the poor health of the children. With less than 10 per cent of the district's forest cover remaining, the rural population is running out of fertile land to farm. Malagasy villagers eat more rice than any other group of people in the world (about 156 kg per person per year), but national crop yields have fallen from self-sufficiency in the early 1970s to a heavy reliance on imports – a dangerous dependency for one of the 30 poorest countries in the world.

Chronic malnutrition in Fenerive-Est affects 70 per cent of the population, and 62 per cent of the children under five years of age are severely malnourished. The World Bank reports that infant mortality rates rose from 109 per 1,000 live births in 1980 to 129 per 1,000 in 1982-83. Children under four years of age accounted for 45 per cent of all deaths registered by Malagasy health services in 1982.

The Government has recognized that the only effective way to address these problems is through coordinated measures in agriculture, education, forestry, health and public works. And in 1989, UNICEF joined forces with government ministries and a number of agencies, including WFP, to introduce a number of sustainable solutions. Among them is a three-pronged environmental project which was established in Fenerive-Est through its primary schools.

The project has had considerable early success in alerting villagers to the direct links between the low nutritional status of children and women and the rapid degradation of their natural environment. In its first two years, the project created peasants' associations in 5 of 11 subdistricts and trained communities in nursery gardening as a way of supplementing household food supplies. A variety of seeds and plants was provided for gardens in all primary schools and selected villages in the project area.

School parent associations have been an important entry point for the integration of better health and nutrition, farming and environmental protection into village life. Each school has in effect become a demonstration site at which the vegetable garden supplies the produce for food preparation on fuel-efficient wood-burning stoves and ovens. The women have assumed responsibility for vegetable gardening, hygiene and health education, the promotion of immunization and birth spacing. The men have taken charge of latrine construction, tree nurseries and the production of improved cooking stoves. Little by little, villagers are being sensitized to the need for alternatives to their traditional cultivation on scorched earth and the wasteful cutting of forests for fuelwood. Madagascar's population is expected to reach 16.7 million by the year 2000, and, at the current rate of consumption, demand for fuelwood will outstrip supply by 2 million tons a year by then. A major forestry programme would need to plant 700,000 hectares of fast-growing forest cover just to keep pace. So far, the UNICEF assisted project has initiated reafforestation in 24 villages and agroforestry in 8.

The UNICEF goal is to integrate environmental concerns into the curriculum of all 179 elementary schools serving the 165,000 inhabitants of Fenerive-Est and to implement a similar environment project in five other districts by the end of 1992.

The environment project has been chosen as a model for national education, in keeping with the goal of education for all, with a view to its expansion into all 13,000 schools by the end of the decade. The existing National Programme for Environmental Action (PNAE) is currently being reinforced to reflect the needs of children and women, and the Government has committed itself to a redistribution of resources in PNAE (a possible US$85 million, of which US$60 million has been assured) for this purpose. UNICEF is becoming an important partner with the implementing agency of PNAE, the National Office for the Environment and a newly created unit in the Prime Minister's Office for the linking of Summit goals with those of PNAE into an integrated programme of action.

ing the use of fuel-efficient cooking stoves in South Asia. It is also involved in household food security projects in many countries. The focus is on appropriate technologies for women, small-scale irrigation and vegetable gardening, the use of improved crop varieties, and means of restoring soil fertility. In Botswana, a project supports the sustainable exploitation of indigenous drought-resistant plants which are then processed for food and medicines.

UNICEF also collaborated during the year with national governments in their preparation of national reports for UNCED; with the Government of the Gambia on a national Environmental Action Plan; and with the South Pacific Regional Environmental Programme.

UNICEF projects with a specific environment focus included: the Child and Environment Project in collaboration with UNEP and the National Environment Secretariat in Kenya; the Project for Nomadic Pastoralists in Africa in collaboration with UNDP/UNSO; the Amazon Basin subregional programme which emphasizes urban and other environmental issues; the Chile Environment Project which focuses on environmental education; the Central America and Panama subregional programme and the Nepal Environment Project. □

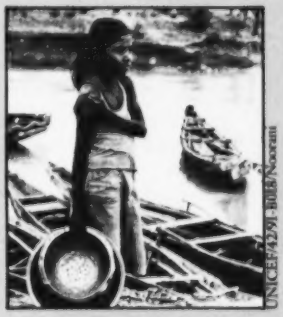
UNICEF 5020/Goodsmith

UNICEF 4905/Schytte

Major goals for children cannot be met without attention to the environments in which they live.

UNICEF/56955/Mansabo/Arabe

UNICEF/4792/Kenny



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Urban basic services

Rapid urbanization has major implications for developing countries and international agencies as they strive to meet the goals of the World Summit for Children. The environment in which CSD programmes struggle to take hold is frequently seen at its bleakest in urban slums and shanty towns where urban services are overstretched or non-existent. In the past year, UNICEF has advocated and implemented two parallel approaches to:

- ensure that sectoral programmes include a focus on urban situations and needs;
- continue and expand UBS programmes in selected urban centres.

There are increased possibilities for closer collaboration with UNDP, the World Bank and bilateral agencies.

Different responses: Widely varied levels of urbanization and growth between and within regions demand commensurate responses from governments, NGOs and UNICEF offices.

Africa: Urbanization is a recent phenomenon in Africa, and only a few country programmes address the need for UBS. A larger number focus on the needs of working and street children, who are increasingly visible throughout the region. Given the fact that CEDC activities are able to tackle the symptoms and not the root causes of these problems, consideration is being given to the evolution of CEDC projects into broader urban programmes.

Latin America and the Caribbean: Most country programmes in Latin America and the Caribbean reflect the urban character of the region and respond to the deteriorating situation of women and children under acute economic stress (*see profile*, 'New hope for a shanty town'). Innovation is a hallmark of these programmes, which are aiming for high impact at low cost. An example in 1991 is the response of communities in Peru to a cholera epidemic and their success in containing mortality rates to unusually low levels, through extensive use of ORT at an early stage (*see profile*, 'Women in the time of cholera').

Asia: While some Asian countries are only beginning to respond to the needs of their urban populations, there was solid growth among the established urban programmes of others.

UNICEF 5021 Horner

UBS programmes are the UNICEF response to the deteriorating situation of children and women under acute economic stress in urban areas.

On the basis of programme analyses, Bangladesh is now concentrating more on its urban areas, and Indonesia is strengthening linkages between CSD and local development efforts. The Philippines is institutionalizing its UBS programmes by incorporating them in city development plans and budgets. India has taken up UBS as a national policy and plans to expand it nationwide.

MENA: The MENA region is also experiencing high rates of urbanization, which have been amplified in countries such as Djibouti and Sudan by large numbers of refugees or displaced persons who are being assisted through emergency rehabilitation and longer-term programmes. UNICEF continues to assist in PHC and other social services in the *gecekondu* (slums and squatter settlements) in Turkey, and similar programmes are being developed in Morocco. □

New hope for a shanty

El Mezquital, Guatemala: In 1984, about 9,000 homeless families invaded a barren piece of flatland on the outskirts of Guatemala City. The authorities counter-attacked with police and legal notices, hoping to discourage others, but the squatters persisted and multiplied. They are still there, clinging tenaciously.

Desperation – and "no place else to go" – brought the first settlers to El Mezquital in 1984. The area had no water and indeed there were no services of any kind, but a housing shortage fanned by population growth in the capital had effectively cut their options. Rents were too high, and city services were being overwhelmed by a 5 per cent annual increase in demand, driven by local birth rates and migration from rural areas. Between 1979 and 1984, acute poverty, unsanitary living conditions and poor access to health care caused infant mortality levels to rise by nearly 10 per cent.

Although the future for most of the squatters in El Mezquital appears significantly brighter today, the early days of the settlement were difficult. For three years there was no drainage or sanitation, and water supplies were trucked in and sold by vendors at exorbitant prices. The price of water had reached 27 times the level paid by inner-city dwellers when delegates from a community association approached UNICEF for help.

UNICEF joined forces with the French NGO Médecins sans frontières (MSF) and the Inter-institutional Committee for Attention to the Population of Precarious Areas in Guatemala City (COINAP), an agency representing 23 public and private institutions, several government ministries and two municipalities. COINAP became UNICEF's government counterpart in what is now a unique UBS programme supporting community health care, water supply and sanitation, education and a range of other improvements.

One of the first steps was to bring in nursing students to conduct a door-to-door health survey of the flat-topped shanties that crowded the settlement. They gave antiparasitics to the children, and, with materials provided by UNICEF, volunteers installed 13 community water taps, each serving 350 families.

El Mezquital was informally divided into micro-zones housing about 50

families apiece, and project planners decided to formalize this structure by holding elections for community women to represent each zone. These *Reproinsas*, as the successful candidates called themselves, became the backbone of a venture that has dramatically changed their lives and those of their neighbours.

Each *Reproinsa* was asked to draw a map of her zone and detail all of its relevant infrastructure and geographical features. The maps gave project organizers a picture of available resources in each area as well as pointing up health hazards such as garbage dumps or streams of polluted water. The *Reproinsas* were then trained over the course of a year to conduct house-to-house surveys which identified the health and social problems of each family in their zones. Their training was oriented towards prevention and the recognition of disease symptoms. They were taught to administer vaccines and antiparasitic medicines, and to advise mothers about ORT and hygiene.

"I became a *Reproinsa* to help the children," said Rosa Plato de Escobar. "My first baby died when she was just six months old. If I had known what I know now, my baby would have lived."

It is the responsibility of each *Reproinsa* to know when any child in her zone is due for vaccination or when a mother might need guidance on breastfeeding or other basic care. This information also enables project planners to keep accurate statistics.

More than 300 *Reproinsas* have been trained, and data collected so far shows that they have made an extraordinary difference. Between 1987 and 1990 the vaccination rate for children under 12 months in El Mezquital rose from 16 per cent to 59 per cent, while the rate for children age one to four years increased from 51 per cent to 85 per cent. Infant mortality in Guatemala City fell by 3 per cent a year between 1986 and 1990, but the decline in UBS programme areas was 9 per cent a year over the same period. In all programme areas combined, deaths from diarrhoeal diseases and ARI fell by 11 per cent and 9 per cent a year respectively. Infant mortality from all causes fell from 77 to 49 per 1,000 live births.

The sustainability of the *Reproinsa* network seems assured following the opening of El Mezquital's first community pharmacy and a small grocery store. Both are operating under a special cooperative fund (*Fundaespro*) and are staffed by *Reproinsas*. Competition generated by these stores has sharply reduced prices in establishments that had previously charged the poor two or three times as much as they would have paid in richer areas of the city.

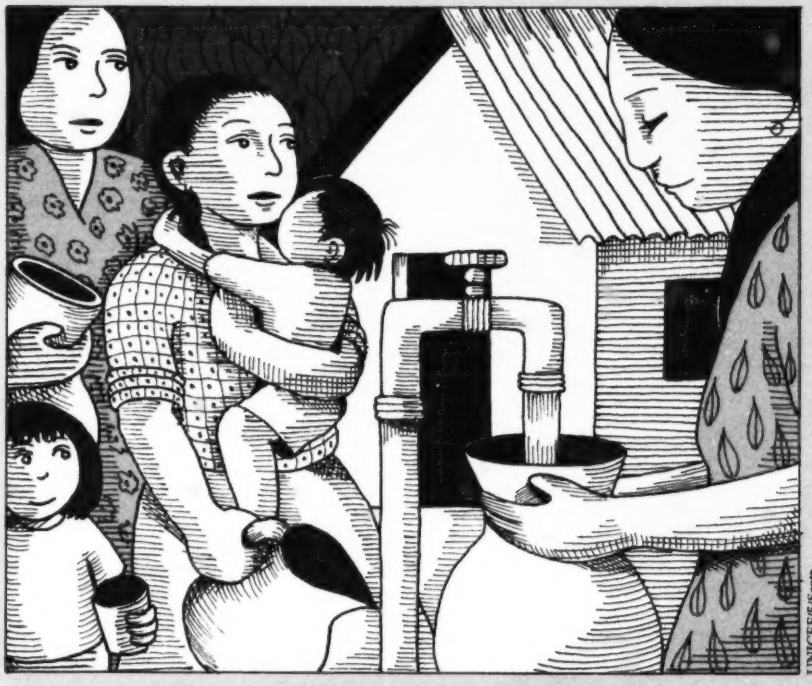
With help from the NGO OXFAM/ Belgium, the *Reproinsas* receive wages in the form of a monthly food basket valued at US$12. It is expected that within two years, profits from the stores will provide more adequate compensation.

The services available to residents in El Mezquital and other poor communities under the project are expanding rapidly. In 1991, the Ministry of Public Health, together with *Fundaespro*, trained eight women as laboratory technicians, to handle blood, urine and other basic health tests, and opened 18 community mini-stores, pharmacies and laboratories.

Those associated with the UBS programme say its success is largely due to the residents' willingness to learn to solve their own problems. "We do not measure our success in terms of the number of drainpipes laid or public taps installed," said Marco Augusto Recinos, Coordinator of Water and Sanitation for the project. "Instead, we see our achievement as lying in the fact that groups in the community are now able to address the problems confronting them."

Average family income in El Mezquital is in the range of US$75-$80 a month but social progress has been rapid and the expansion of basic services continues unabated. In El Mezquital and other squatter communities supported by the programme, the principles of self-help and sustainability have been applied to courses in environmental sanitation, the establishment of an 'energy' forest with nearly 20,000 fast-growing fuelwood trees, local construction of solid waste treatment plants, the installation of public drains and water taps, the introduction of fuel-efficient wood-burning stoves, day-care centres and literacy training.

The UBS programme gives help to 47 squatter urban areas and has 110,000 direct beneficiaries. "The problems will never end but we can confront most of them," said Elvira Sanchez, president of one neighbourhood committee. "Give us some room to work and we can do it."



UNICEF/S/Scott

Childhood disability

Disability is growing in the developing world despite the many preventive initiatives under way. This upward trend is driven by several factors, some of which, in themselves, represent progress. Among them are increasing chances for disabled children to grow up as living standards and care improve.

Preventable disability among children is also increasing as a direct consequence of wars and civil strife in much of the developing world. More than 1.5 million children in Africa, Asia, Latin America and the Middle East have been killed in the past decade by armed conflicts. For every child killed, three more have been injured or physically disabled. A further 10 million have been psychologically traumatized by the devastating impact of war. Recent developments in Central and Eastern Europe have expanded this roster of suffering.

Millions of mines, booby traps, toy bombs and other explosives, which have been scattered by opposing forces in many countries, will add to the physical and psychological trauma of millions more children and women for years to come.

Minimal relief: Rehabilitation services for children and women who are physically disabled by conflicts are minimal. According to WHO, less than 3 per cent of the world's 500 million disabled people receive rehabilitation services of any kind. A recent study conducted by UNICEF and Rehabilitation International (RI) estimated that less than 20 per cent of those who received rehabilitation services were women and children. RI and UNICEF hope to make this situation a priority item on the agenda of the United Nations Task Force on Disabled Children and Women.

Together with EPI, carefully focused campaigns against vitamin deficiencies have, however, continued to make large inroads on disability statistics in the poorest countries. The achievement of UCI targets is a major safeguard for several million children who would otherwise be disabled each year by preventable diseases such as poliomyelitis and measles. And immunization campaigns, like programmes to combat vitamin deficiencies, are eminently affordable.

An international policy conference, 'Ending Hidden Hunger', was held in Montreal in October to accelerate action to meet the micronutrient goals of the World Summit for Children. Those goals include the virtual elimination of iodine and vitamin A deficiencies and a significant reduction of iron deficiency anaemia.

Partners against disability: UNICEF continued its emphasis on innovation and the involvement of NGOs in disability prevention and rehabilitation. Progress in one or more of these areas was reported from Afghanistan, Algeria, China, India, Jordan, Pakistan and countries of Central America.

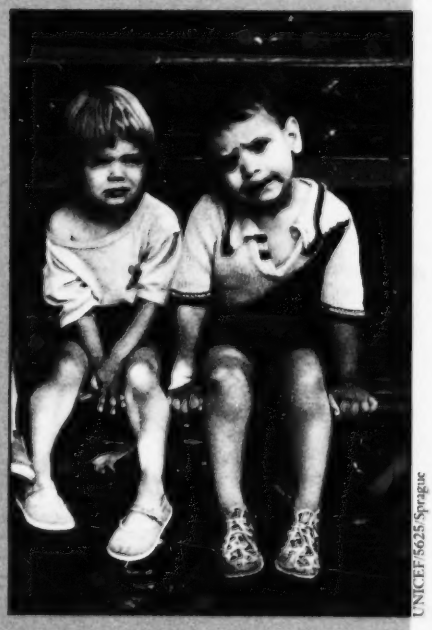
In Afghanistan, assistance has been reactivated for disabled women and for women who care for disabled persons. Many women have been helped to generate cash income through training in tailoring, knitting and embroidery.

In Algeria, a working group on disabled children will organize the first nationwide survey of disability and its causes in 1992. The working group includes representatives from the Ministries of Social Affairs and Health, the National Institute of Public Health, the National Office of Statistics and UNICEF.

China ratified a new law for the disabled in May. It emphasizes the need for early prevention and antenatal care, as well as community/home-based rehabilitation.

In India, a new programme by the NGO Action on Disability and Development (ADD) has integrated prevention and rehabilitation into rural development projects. It encourages steps to prepare disabled people for an active role in community development. During the year, the Lucknow branch of the National Association for the Blind organized a workshop on the

UNICEF 5694/Mamichi/Arabic



UNICEF 5625/Sprague

UNICEF assists measures aimed at the prevention and early detection of childhood disability and supports community- or family-based rehabilitation programmes.

'Rights of the Blind Girl Child'.

In Jordan, UNICEF supported the establishment of a disability testing facility at an MCH centre in Amman. It will be the main Ministry of Health disability testing facility in the country and will provide a much-needed alternative to expensive centres in the private sector.

In Pakistan, an Outreach Pilot Project was set up in Lahore with the collaboration of the Pakistan Society for the Welfare of Mentally Retarded Children. It provides counselling and rehabilitation services to affected families.

In Central America, efforts were made to establish technical exchanges with other Latin American countries.

Price of modernization: The results of a 1989 survey of disability in Oman contain food for thought for other developing countries. The survey revealed that accidents to children due to falls, burns, cuts, poisoning, the swallowing of foreign objects, electric shock and road accidents are an increasing cause of morbidity, mortality and disability. The data suggests a need to adjust CSD strategies to reflect the changing nature of Omani society and lifestyles.

Oman has set three main goals for the prevention of disability and the reduction of accidents. They are: a reduction of preventable handicaps by 50 per cent of 1991 levels by the year 2000; the reduction of accidents to children by 50 per cent of 1990 levels by 1995; and the nationwide dissemination of information about the causes, emergency care and prevention of accidents by 1995.

A sustainable implementation mechanism: The formation of the United Nations Task Force on Disabled Children and Women under the direct auspices of UNICEF reaffirms the commitments of UNICEF to prevention, early detection/early intervention and community/family-based rehabilitation. The Task Force will continue as a sustainable implementation mechanism following the end of the United Nations Decade of Disabled Persons (1983-1992). In the decade of the 1990s to the year 2000 UNICEF, through its technical support programme with RI, will work closely with a number of United Nations agencies and other organizations interested in childhood disability prevention and rehabilitation to pursue the goals for the year 2000 adopted at the World Summit for Children. □

Children in especially difficult circumstances

One of the early benefits of the Convention on the Rights of the Child is the growing international awareness of child abuse, neglect and exploitation. Almost one half of the Convention's 54 articles refer to children in one kind of difficult circumstance or another, obliging nations to reflect on the underlying causes of an increasing caseload of troubled children. As of end-December, 107 countries had ratified the Convention.

New programme: The Executive Board, at its annual meeting, approved an Interregional Programme for Children in Especially Difficult Circumstances, which will enable UNICEF to expand its capacity to help those children. More country offices in Asia and Africa, such as Cameroon, the Central African Republic, Côte d'Ivoire, Myanmar and Pakistan, undertook situation analyses of working and street children during the year, and several have developed new projects and programmes for CEDC. These initiatives have attracted generous supplementary funding.

Identifying problems: Much remains to be done, however. Most countries still have limited information on the size and nature of problems related to child abuse, neglect and exploitation. Armed conflicts continue to kill, wound and disable children both physically and mentally.

Responding to children in armed conflict: A MENA regional programme for CEDC was initiated, with emphasis on Education for Peace and the psychosocial rehabilitation of children affected by armed conflict. UNICEF offices in Afghanistan, Iraq, Liberia and Sri Lanka have substantially increased assistance for psychosocial and physical rehabilitation of children affected by war. Other agencies, including ILO and UNESCO, also began to expand their work in this area in collaboration with UNICEF. New training materials and a resource book were produced on this subject, and a series of case-studies and methods for CEDC programmes is being initiated with an issue on children in armed conflict.

Grim facts: There were reports from Brazil and Central America during the year that street children were being murdered, and the exploitation of children in prostitution appeared to

UNICEF 5623/Sprague

UNICEF 5703/Mamichi Asabe

There is a growing international awareness of the grim fact that every day, all over the world, children are still abused, neglected and ill-treated.

be increasing in Asia. Added to these grim facts was the report of the horrifying new phenomenon of the sale of children's body parts, and a high incidence of HIV infection among sexually exploited children. The complex underlying causes of these problems are still poorly understood in many countries, but there are clear international linkages which make them a worldwide concern and responsibility.

Encouraging developments: There was promising work on a number of fronts during the year. Risk indicators for the prediction of child abuse and neglect have been developed for screening families for psychosocial trauma in Sri Lanka. Methods for reaching street children with non-formal education and other services spread rapidly from Latin America to countries in Asia and Africa through UNICEF-supported NGO groups such as Childhope, the African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN), and Environmental and Development Action in the Third World (ENDA).

Rapid and relatively low-cost methods for screening children for psychosocial problems resulting from armed conflict, together with low-cost community and school-based methods of responding to these problems, have been developed in the Middle East, Mozambique and Sri Lanka. Education for Peace has been implemented on a large scale in Lebanon and recognized as a valuable element that could be included in basic education for all countries. These experiences were shared with UNICEF staff from 16 countries at an interregional training workshop held in Mombasa, Kenya in October.

Environment for change: The changing international political climate, reflected in developments in the former Soviet Union, in the Persian Gulf crisis and in civil wars in the Horn of Africa, Liberia and Yugoslavia, highlighted the urgency of finding more effective ways of protecting children caught up in armed conflict.

Humanitarian cease-fires to provide services to children are historic developments that greatly enhance the capacity of UNICEF and others to respond to children affected by civil wars and other armed conflicts. They are a welcome sign that the concept of children as a 'zone of peace' is coming to be accepted as an international norm. □

Women in development

Most developing countries have committed themselves publicly to the formulation of policies for the advancement of women, and some have shown considerable resolve by addressing the policy, legal and other obstacles to equality. UNICEF is providing many of these countries with technical and research support to achieve that objective, and although genuine equality might appear far removed from the reality of most women's lives today, measurable progress is being made.

Significant gains, reinforced by a number of international instruments including the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child, were made in all regions during 1991.

National policy-making: A joint study by UNICEF and Egypt's Central Agency for Public Mobilization and Statistics (CAPMAS) in 1991 helped give greater visibility to women's input to the national economy. Census definitions of women's unpaid family work were modified, with the result that women's effective contributions were revealed to be much greater than shown in official census data for the period 1975-1988. The study also exposed the severe constraints that child-rearing and unequal educational opportunities place on women's employment prospects. The study is being used in advocacy with parliamentarians and the Ministry of Planning.

UNICEF has also given policy development support to new national machineries to articulate women's concerns and monitor their progress in Namibia, Tanzania and Uganda. A newly established Department of Women's Affairs in the Office of the President of Namibia has been supported by workshops covering such basic issues as women's rights and access to land.

In Mozambique, a study on women in difficult circumstances drew the attention of policy makers, planners and women's organizations to the plight of women living in war and crisis situations.

Status of women: Low social status is a major obstacle to the advancement of women in many countries, including some whose national constitutions proclaim equal rights. In the Dominican Republic, UNICEF has helped the Women's Bureau and the Coordinating Association of NGOs to campaign for congressional approval of legal reforms for women. A television spot entitled 'Legislate for Women' is aired regularly, and a project to establish legal clinics for women is in the pipeline.

Zimbabwe has passed a Legal Age of Majority Act which frees women from the permanent control of their fathers; a Matrimonial Causes Act which protects a divorced woman's rights to property acquired during marriage; and a Sex Disqualification Act which forbids sex discrimination, especially in employment.

In Tanzania, a new Ministry of Community Development, Women and Children received help from UNICEF in reviewing discriminatory legislation, including laws related to marriage and inheritance.

In Tunisia, women working in the public sector have been granted six months' maternity leave. Similar legislation has been drafted in Thailand to extend maternity leave to 90 days with full pay and an additional three months without pay.

Although the enactment of such laws is a positive step, legislation in itself is not sufficient to bring about meaningful change. Women must be aware of their entitlements, and governments must be prepared to uphold those rights in courts of law.

Decision-making and participation: The democratization process appears to be opening up new opportunities for women in many developing countries. UNICEF is supporting this process with advocacy based on national situation analyses.

In a nationwide mobilization effort in Guinea during the year, about 1 million women were informed of their role in the democratization and development process. Zimbabwe conducted training courses for more than 600 women political representatives to sensitize them to their rights. A Ugandan national seminar provided similar reinforcement for the new Ministry for Women in Development, women members of parliament and women members of the various national resistance committees.

In Latin America and the Caribbean, a regional programme for the empow-

UNICEF 4606/Lemoyne

Global efforts to improve the status of women go hand in hand with attention to the problems facing the girl child. UNICEF country programmes explicitly address her educational, health and nutrition needs.

UNICEF 4917/Schytte

UNICEF 4556/Isaac

erment of women has helped to establish three subregional networks of governmental bureaus and other bodies to address the needs of women in 35 countries. The programme has trained senior officials of the networks in gender analysis and policy formulation and has given them information on legislation to promote women's interests. In Colombia, UNICEF has helped to establish a unit for women in the office of the Mayor of Cali to ensure women's participation in decentralized development planning. Similar community- and village-level participation by women has also been well developed with UNICEF assistance in Indonesia, the Philippines, Tanzania and elsewhere.

Sensitizing men: The role of men in child survival, protection and development activities, as well as the advancement of women, has been emphasized by the UNICEF Executive Board. The Convention on the Elimination of All Forms of Discrimination Against Women and the Nairobi Forward-Looking Strategies for the Advancement of Women have also stressed it, but much remains to be achieved.

Efforts include gender training programmes for male and female national officials and project managers, as well as UNICEF staff. UNICEF advocacy has also reached men through male religious and community leaders, parliamentarians and senior political officials.

In the Caribbean, the 'Better Parenting' programme encourages men and boys to share responsibilities for family welfare, child care and women's development.

Nowhere is the need to change male attitudes towards women more critical than in the areas of health and education. In many developing countries, it is the father who decides whether or not a daughter will attend school. And in health, the fight against HIV infection and AIDS has revealed that in many cases men are slower to modify their sexual behaviour than women. This highlights a continuing risk to women and the need for effective HIV/AIDS prevention programming targeted on men.

The girl child: The needs of the girl child, endorsed by the World Summit for Children, have introduced a fundamental long-range perspective on global efforts to improve the status of women. UNICEF is cooperating with many countries to free the girl child from her age-old status as the 'lesser child'. The Convention on the Rights of the Child has greatly strengthened prospects for the equal achievement of internationally accepted goals and objectives for children of both sexes.

UNICEF has worked with more than 50 countries in all regions on policy and action-oriented research to correct imbalances in societies' responses towards girls and boys. The critical areas for analysis include: the low social and legal status accorded girls; preferences for sons; discrimination against girls in the area of health care; the risks of early marriage, pregnancy and child-

Educating the girl child

Guangxi, China: As they reached the clearing and saw the old mud-brick schoolhouse, the girls gave a collective sigh of relief. It had been four hours since they entered the forest and the journey had put their nerves on edge. The eldest of the seven was 15 years old. None had been away from home before, and the meandering uphill trek through dark towering stands of pine and fir had allowed rather too much time for reflection on their parents' warnings about brigands and wild animals. The girls had travelled without incident but their imaginations had run riot whenever the silence of the forest was broken by the chatter of small monkeys or the rustle of what they took to be bears or wild pigs.

With the afternoon light beginning to fade, the sight of the schoolhouse was especially comforting. It would be both home and classroom for the next six days, and as the County Governor had told them, it could also be the way for these young female members of China's Hong Yao minority to become economically productive.

The girls were welcomed by their teacher, Mr. Li, and his family and were ushered into two small dormitories, which they would share with other girls who had arrived earlier in the afternoon. Each room, measuring about 16 square metres, was furnished with a long double bunk which would serve them as bed and study quarters. Each bunk had one thin blanket, and the girls were told they could store their day clothes under their pillows at night.

Mr. Li told the girls how pleased he was that they had come. Their grandmothers and their mothers had been so overcome by fear that they had run back to their villages. Today's generation would be the first to attend school, and the first to achieve literacy.

The school at Baiyun township, and others like it in 43 other townships of the Guangxi Zhuang region, were refurbished for use by children of minority groups in 1988 with support from the All-China Women's Federation (ACWF) and the township government. The work was prompted by a national survey which showed that cultural prejudices kept some 5 million girls out of China's education mainstream every year. Three million of these girls were not enrolled in primary school, and half were from ethnic minority groups like the Yao, who inhabit the mountainous reaches of Guangxi.

The Yao believe that a woman's virtue resides in her ability to weave cloth and run a household for the benefit of her husband. The girls begin their working lives at 6 years of age and are taught to weave at 12. By the 'marriageable' age of 14, the girls are expected to have woven and stitched together enough material to clothe their husbands for 10 years. The better a girl weaves, the better are her chances of marrying into a good family. Schools similar to those run by Mr. Li are helping to break down the education barrier by offering weekly boarding arrangements to Yao girls aged between 7 and 15. However, when 44 vacancies were advertised for girls at Baiyun township in 1988, they were not easily filled.

To help fill the openings, women's cadres were assembled and trained by ACWF between 1990 and 1991 to carry an education campaign for girls into the villages, and from door to door if necessary. UNICEF funded eight workshops for the cadres and provided a four-wheel-drive vehicle to transport them into remote areas. The cadres spent many hours talking with parents who, in general, could not see any reason for their girls to have a formal education. But the cadres assured parents that there would be no cost involved, that the girls would be well cared for and that they would have classes in spinning, weaving, embroidery and traditional dance and song, as well as training in modern agricultural techniques, Chinese language and mathematics. After long and delicate negotiations, ACWF was able to advise Mr. Li that he could expect a full quota drawn from five villages. The parents agreed that their daughters would attend classes five and a half days a week.

Guangxi was one of seven provinces and autonomous regions where girls from ethnic minorities were targeted for special educational opportunities. China's State Education Commission, the State Minorities Commission and the Ministry of Civil Affairs joined forces with ACWF and UNICEF to send cadres into minority areas. By 1990, when UNICEF Beijing sponsored a national seminar on girls' education in China, about 100 classes for minority females were reported to be operational across the seven regions.

China has achieved its short-term national goal – to raise the primary school enrolment rate for girls by 1 per cent, or 500,000 girls a year. In 1990, the State Education Commission had reported that 97.44 per cent of children in the 7-11 age-group were enrolled in primary schools, but that 83 per cent of those who did not enrol were girls. These averages however, were a poor reflection of the education opportunities for girls in minority areas. Compared with a 96 per cent national enrolment average for girls, between 30 and 70 per cent of females in minority areas had their names on school rolls, and only 30 per cent in Guangxi. Even when schooling was provided free for all children, most parents sent boys only. Education surveys also showed that 70 per cent of the children who dropped out before completing the primary grades were girls.

The present goal is to popularize compulsory primary education nationally, and in these remote and mountainous regions in particular, by the year 2000. This means a full enrolment rate for girls by the year 2000. In Guangxi, where the local women's federation runs a Mobilizing Female Children for School project with UNICEF support, more than 500 women's cadres had taken the campaign for equal opportunity to 479 townships and villages in Liuzhou, Nanning, Hechi and Baise prefectures by September 1991. The federation had distributed more than 33,000 posters, held more than 8,000 public rallies and parents' meetings, screened movies and sponsored folk-song contests in more than 220 villages, to draw attention to the right of girls to be educated.

As a direct result of those efforts, the school enrolment rate for girls in Guangxi had increased by more than 2 per cent by 1991, and it continues to rise as young girls like those at the Baiyun primary school brave a round trip through the mountains week after week. Two of the pioneer students in the Baiyun project area have defied their parents' wishes for early marriage, and at age 14 are still at school. Mr. Li says he is confident that all 44 girls will complete level 6. And he thinks that a good number will also continue on to secondary school, by which time the County Governor's promise of real jobs for Yao women would almost be within reach.

bearing; the exploitation of girls as domestic servants; and the exposure of girls to violence and sexual abuse.

Some countries, including Argentina, Bangladesh, Botswana, the Dominican Republic, India, Iran, Kenya, Nepal, the Philippines, Sudan and Tanzania, have carried out detailed situation analyses on their girl children. Others, including Barbados, Benin, Bolivia, Chile, Colombia, Guinea, Indonesia, Morocco, Nigeria, Thailand, Turkey and Uganda, have collected gender-disaggregated data and have done operational research to reveal obstacles to the equal status of the girl child and her development.

Among the countries whose programmes of cooperation have articulated a clear priority for girl children are Bangladesh, Barbados, Ethiopia, India, Indonesia, Kenya, Morocco, Namibia, Nigeria and Pakistan. □

Social mobilization/Facts for Life

UNICEF goals for the 1990s and the Convention on the Rights of the Child pose new challenges for communications and social mobilization. Experience suggests a need for support at regional and headquarters levels for training in the planning and management of both communications and social mobilization. Training packages have therefore been developed, and the one on planning has been tested at country and regional levels.

AIDS: Uganda has already adapted its communications role to the challenge of AIDS by supporting efforts to learn more about people's attitudes to disease and the part communities can play in their own health care. 'Blanket' health education has been replaced with more interactive communication targeted on specific population groups, and those at particular risk. Thus, an AIDS drama competition in primary schools enabled teachers and students to discuss social issues related to the prevention of HIV infection. UNICEF Kampala supported the pre-testing with intended users and audiences of a widely praised NGO publication, 'Living with AIDS.'

Alliances: UNICEF made spectacular gains in the development of alliances during the 1980s, and it is now time to develop further strategies for these relationships. In some countries, popular performers or creative individuals have been encouraged to form associations, and their talents could now be employed in support of longer-term programmes. Increased emphasis could be placed on communication with large population groups, rather than with the educated élite. In Guinea, the value of using local languages is well demonstrated by Radio Rurale, where communities themselves provide the content of the broadcasts, which differ geographically and linguistically. People compete in story-telling, riddle contests, singing and other performances that transform the subject matter into a powerful blend of entertainment and instruction.

Facts for Life: Many countries report the use of *Facts for Life* in programme communications. It has been published in more than 140 languages, and some 97 countries have put more than 4 million copies into circulation. In many cases, the original format and messages have been adapted to reflect national priorities and special cultural concerns.

In at least 29 countries, the Facts for Life initiative has been incorporated into the national educational curriculum and/or national literacy programmes. Health services in most developing countries are now using *Facts for Life*. The mass media have featured its messages in television and radio spots, articles, quizzes and competitions, documentaries and interviews. Religious and spiritual leaders have communicated the messages through sermons and calendars, and by including them in training seminars. In 22 countries the heads of State or government ministers have been personally involved. The business community is also contributing to the initiative: ENI, the Italian energy and chemicals enterprise, is printing several national versions of *Facts for Life*, while in Brazil *Facts for Life* messages have been printed on the back of notebooks, on household cleaning products and on millions of shopping bags. □

Emergency relief and rehabilitation

There was a dramatic increase in the distribution of UNICEF emergency assistance from 26 countries in 1990 to over 40 countries in 1991 in Africa, Asia, Latin America, the Middle East and Central and Eastern Europe. Appeals within the overall framework of the United Nations generated most of the funds for non-food items, and inter-agency collaboration played a crucial role in the handling of increasingly complex emergency situations.

One main focus of attention was the Persian Gulf crisis, for which UNICEF received some US$46.4 million in contributions as of 31 December. Other high-profile emergencies resulted from a cyclone in Bangladesh; earthquakes in Afghanistan, Costa Rica and Panama; floods in Guatemala, Iran, Myanmar and Viet Nam; a volcanic eruption and floods in the Philippines; and outbreaks of cholera in Africa and Latin America. There were conflicts and population displacements in Angola, Djibouti, Ethiopia, Liberia, Mozambique, Sierra Leone, Somalia and Sudan, and developments in Central and Eastern Europe continued to challenge UNICEF.

A special consolidated appeal for US$400 million for the Horn of Africa was organized under the newly created Coordinating Unit for the Special Emergency Programme for the Horn of Africa (SEPHA) to meet needs in Ethiopia, Djibouti, Kenya, Somalia and Sudan. The UNICEF component for non-food requirements against this interagency appeal totals US$79 million. UNICEF participation in SEPHA and in initiatives developed as part of the International Decade for Natural Disaster Reduction (IDNDR) provided opportunities for improved collaboration within the United Nations system, with NGOs and with other institutions concerned with disaster prevention and preparedness. Modalities for cooperation that evolved during the Persian Gulf crisis, in Angola and through Operation Lifeline Sudan are models for future collaboration.

During the year, UNICEF was involved in inter-agency and intergovernmental discussions aimed at improving the coordination of the United Nations system in response to emergencies, and it stressed its comparative advantages as a field-based organization.

UNICEF programme activities address such needs as water supply, sanitation and PHC – all of which are of primary importance in emergency situations. UNICEF also offers the advantage of UNIPAC, which enables it to act quickly when disasters strike.

In addition, the Geneva Office played an important role in joint efforts with UNDRO, UNHCR, WHO, ICRC and the League of Red Cross and Red Crescent Societies, and also in relation to emergencies in Albania, Romania and Yugoslavia. UNICEF coordinated certain programmes through the Executive Delegate's Office for Iraq, which is also based in Geneva.

Field responses: However, the most important focus of UNICEF coordination with other United Nations agencies, bilateral donors and NGOs was at field level, with the delivery of emergency assistance. One example of UNICEF support for emergency field capacity was the creation of a rapid response team with Operation Lifeline Sudan staff based in Nairobi. The team provided field offices with situation assessments and preparation of emergency programmes.

A system of internal task forces comprising representatives of all operational units and divisions was set up to review and report on problems and to provide prompt and effective support to the field. This development paved the way for better integration of emergency interventions with longer-term development needs through regular country programme activities. Benefits are expected to include: stronger emergency management and planning capacity in the field; the development of early warning systems to predict famine and potential population displacement; the inclusion of disaster mitigation in overall programme activ-

UNICEF 4291-8028/Noorani

UNICEF 4004/Lemoyne

Over 40 countries required emergency assistance in 1991. UNICEF experience in addressing WATSAN, nutrition and health care was the key to its fast response, delivered in coordination with other UN agencies.

ities; the improvement of government and community capacity for emergency responses; and a reduction of household vulnerability to disaster.

Training: The first in a series of regional training workshops on emergency management for senior field staff was held in November for eastern and southern Africa, and others were scheduled for 1992.

Emergency Reserve Fund: During the year, the Executive Director's Emergency Reserve Fund was used to support emergency responses in Afghanistan, Albania, Angola, Bangladesh, Bolivia, Bulgaria, Cameroon, Chad, Costa Rica, Ecuador, Ethiopia, Haiti, Iran, Kenya, Malawi, Mauritania, Mauritius, Mozambique, Myanmar, Peru, Panama, the Philippines, Sierra Leone, Viet Nam, Yemen, Yugoslavia, the West Bank and Gaza, and countries affected by the Persian Gulf crisis.

Iraq: Working closely with the Government of Iraq, other United Nations agencies and NGOs, UNICEF delivered more than 900 tons of medical supplies, 5 million ORS sachets, 2.3 million doses of polio, measles, BCG and tetanus vaccines, and over 4,000 tonnes of water purification reagents.

UNICEF appealed for a total of US$83.5 million as part of an integrated United Nations Appeal and Plan of Action in support of WATSAN, basic health, immunization and nutrition projects. As of end-December, US$34.3 million had been received and pledged.

The supply and logistical operation mounted in Iraq rescued the country's EPI from a state of collapse. The delivery of water purification reagents, spare parts and equipment for water supplies has improved water quality and contained the spread of water-borne diseases. High-energy food saved countless children from starvation, and extensive breastfeeding promotion has safeguarded newborns from dependency on powdered milk and infant formulas.

Cholera: UNICEF responded to outbreaks of cholera in Latin America and Africa with medical supplies and ORS. The cholera emergencies triggered responses from the Emergency Reserve Fund for Bolivia, Ecuador, Peru, Cameroon and Chad. In the cases of Benin and Yemen, diversions were made from programme commitments and programme funds respectively. □

Monitoring and evaluation

A UNICEF manual for monitoring and evaluation was published in 1991 to rationalize and consolidate guidelines for monitoring and evaluation. The manual supports the institutionalization of evaluation and its role in improving programme development and implementation. It updates guidelines issued in 1986.

During the year, the Evaluation Office worked with relevant Programme Division clusters to document lessons learned from thematic desk-top reviews under the following headings: emergencies, immunization, CDD, women and development, UBS and WATSAN. The results of these reviews were being finalized as this report went to press. An eight-country thematic evaluation of UNICEF-supported growth monitoring programmes was also undertaken in collaboration with the Programme Division's Nutrition Cluster. The results of this exercise will be presented at a workshop to be held in Nairobi in May 1992.

Sharing information: The 'Evaluation Newsletter' provided a forum to share information on good evaluation and other substantive matters, and enjoyed a wide readership within UNICEF and among other United Nations agencies and external institutions.

A regional staff training workshop on the integration of programming and evaluation was held in Ibadan, Nigeria in April for participants from 24 English-speaking countries of WCARO. It covered evaluation techniques and the planning and management of evaluation activities and emphasized the functional linkage between monitoring and evaluation and the programming process. The Evaluation Office also hosted meetings of the Joint Panel on Monitoring and Evaluation and People's Participation of the ACC Task Force on Integrated Rural Development. Documentation and discussions at these meetings focused on participatory evaluations and the exchange of experiences related to the techniques used.

The country programme recommendation is now required to outline evaluation plans for new country programmes to be implemented, in addition to the list of evaluations completed.

UNICEF 468/ Lemoyne

UNICEF 98-1815/ Lister

Evaluations point the way to new strategies to help children.

The number of completed evaluations (229) continued to be significant in 1991. There is an observable trend of more evaluations being done that combine two components (EPI and CDD), which would previously have been treated separately.

Steps were taken during the year to improve the documentation and dissemination of information by upgrading the evaluation database. A pilot full-text database was developed and tested to capture the most pertinent information for sharing with those who would be involved in subsequent project reviews. □

UNICEF programmes from general resources

UNICEF currently cooperates in programmes in 127 countries: 44 in sub-Saharan Africa; 34 in Asia; 35 in Latin America; and 14 in the Middle East and North Africa.

UNICEF programmes are approved for multi-year periods. Those recommendations being proposed to the 1992 Executive Board session are indicated in colour and should be regarded as tentative.

UNICEF programme expenditure in different countries is allocated according to three criteria: under-five mortality rate (U5MR: annual number of deaths of infants under five years of age per 1,000 live births); income level (GNP per capita); and the size of the child population.

Afghanistan — 1992-94: $16,500,000
Algeria — 1991-95: $3,750,000
Angola — 1991-95: $11,000,000
Argentina — 1991-95: $3,750,000
Bangladesh — mid-1988-mid-93: $65,000,000
Barbados[4] — 1991: $102,070
Belize — 1992-96: $3,750,000
Benin — 1990-94: $4,455,000
Bhutan — 1992-96: $5,000,000
Bolivia — 1989-93: $5,270,000
Botswana — 1990-94: $2,500,000
Brazil — 1990-95: $9,552,000
Burkina Faso — 1991-92: $5,000,000
Burundi — 1989-92: $6,812,000
Cambodia — 1992-94: $9,000,000
Cameroon — 1991-95: $4,900,000
Cape Verde — 1990-94: $3,008,000
Central African Republic — 1989-93: $4,463,000
Chad — 1990-94: $7,500,000
Chile — 1991-95: $3,750,000
China — 1990-94: $62,000,000
Colombia — 1993-97: $6,050,000
Comoros — 1990-94: $3,181,000
Congo — 1992-96: $5,000,000
Costa Rica — 1992-96: $3,750,000
Côte d'Ivoire — 1992-96: $7,700,000
Cuba — 1992-96: $5,000,000
Djibouti — 1989-93: $2,454,000
Dominican Republic — 1992-96: $5,000,000
Eastern Caribbean Islands[1] — 1993-97: $5,100,000
Ecuador — 1990-93: $3,813,000
Egypt — 1990-94: $17,000,000
El Salvador — 1992-96: $5,000,000
Equatorial Guinea — 1991-95: $2,500,000
Ethiopia — 1992-94: $49,500,000
Gabon[4] — 1991: $179,053
Gambia — 1992-96: $3,750,000
Ghana — 1991-95: $11,625,000
Guatemala — 1992-96: $5,000,000
Guinea — 1991-95: $9,250,000
Guinea-Bissau — 1989-93: $2,715,000
Guyana — 1990-94: $3,168,000
Haiti — mid-1990-mid-95: $7,305,000
Honduras — 1991-95: $3,750,000
India — 1991-95: $175,000,000
Indonesia — 1990-95: $62,450,000
Iran, Islamic Rep. of — 1990-95: $2,500,000
Iraq — 1990-95: $2,850,000
Jamaica — 1990-94: $3,043,000
Jordan[2] — 1990-94: $2,500,000
Kenya — 1989-93: $19,551,000
Korea, Dem. People's Rep. of — 1992-93: $1,500,000
Korea, Rep. of — 1990-93: $1,800,000
Lao People's Dem. Rep. — 1992-96: $6,600,000
Lebanon[2] — 1992-96: $5,000,000
Lesotho — 1992-96: $5,000,000
Liberia — 1992-94: $3,000,000
Madagascar — 1990-94: $12,500,000
Malawi — 1992-96: $16,500,000
Malaysia — 1992-93: $1,500,000
Maldives — 1990-94: $2,416,000
Mali — 1989-93: $19,978,000
Mauritania — 1989-93: $4,211,000
Mauritius — 1990-94: $3,000,000
Mexico — mid-1990-95: $8,050,000
Mongolia — 1991-95: $2,500,000
Morocco — 1992-96: $13,200,000
Mozambique — 1990-95: $27,900,000
Myanmar — 1991-95: $25,000,000
Namibia — 1992-96: $5,000,000
Nepal — 1992-96: $25,000,000
Nicaragua — 1992-96: $5,000,000
Niger — 1990-94: $7,500,000

(1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
(2) In addition – 1990-94: total of $5,025,000 for Palestinian women and children.
(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.
(4) Financed from interregional funding only in 1991: Barbados, Gabon, Seychelles, Suriname, and Trinidad and Tobago.

Nigeria	1991-95: $65,000,000
Oman	1991-95: $3,750,000
Pacific Islands[3]	1992-96: $7,150,000
Pakistan	1992-96: $71,500,000
Panama	1992-96: $3,750,000
Papua New Guinea	1993-97: $5,260,000
Paraguay	1989-93: $3,426,000
Peru	1992-96: $7,450,000
Philippines	1991-93: $12,300,000
Rwanda	1988-92: $7,921,000
Sao Tome and Principe	1991-95: $2,500,000
Senegal	1992-96: $8,800,000
Seychelles[4]	1991: $25,438
Sierra Leone	1991-95: $6,250,000
Somalia	1992-94: $6,325,000
Sri Lanka	1992-96: $6,875,000
Sudan	1991-95: $25,000,000
Suriname[1]	1991: $50,866
Swaziland	1991-95: $2,500,000
Syrian Arab Republic[2]	1991-95: $2,500,000
Tanzania, United Rep. of	1992-96: $38,500,000
Thailand	1989-93: $12,500,000
Togo	1990-94: $4,250,000
Trinidad and Tobago[4]	1991: $50,000
Tunisia	1992-96: $3,750,000
Turkey	1991-95: $10,000,000
Uganda	1990-95: $22,800,000
Uruguay	1992-96: $3,750,000
Venezuela	1991-95: $3,750,000
Viet Nam	1991-95: $40,000,000
Yemen	1987-92: $11,750,000
Zaire	1991-92: $12,400,000
Zambia	1991-95: $7,360,000
Zimbabwe	1992-96: $6,000,000

Inter-agency cooperation

UNICEF continued its collaboration with a broad range of partners, including many sister agencies in the United Nations system.

During the year UNICEF worked in cooperation with:

- the Centre for Human Rights, on implementation and monitoring of the Convention on the Rights of the Child;
- WHO, on a series of health measures including immunization, the children's vaccine initiative, CDD, ARI, AIDS, the baby-friendly hospital initiative, the Bamako Initiative, malaria control, MCH, essential drugs, healthy lifestyles for youth, safe motherhood and health education;
- UNFPA and WHO, to strengthen MCH and family planning activities at country level;
- UNDP, WHO and the Carter Center, on guinea worm eradication;
- FAO and WHO, on nutrition surveillance;
- UNESCO and WHO, on *Facts for Life*;
- UNDP, UNESCO and the World Bank, on follow-up to the World Conference on Education for All;
- UNHCR, WFP, WHO and others, on emergency and rehabilitation work;
- UNDP, UNFPA, UNIFEM and WFP, on women in development;
- UNEP, on environment.

UNICEF also worked closely on a range of issues with the Consultative Committee on Administrative Questions, the Office of the Director-General for Development and International Economic Cooperation, the Department of International Economic and Social Affairs (DIESA), UNSO and the Vienna Centre.

JCGP: The Joint Consultative Group on Policy (JCGP) comprising IFAD, UNDP, UNFPA, WFP and UNICEF, met regularly under the chairmanship of UNDP. UNICEF continued to chair the subgroup on harmonization to synchronize programme cycles so that the United Nations system could respond more effectively to national development plans. UNICEF has also worked to promote common understanding in the areas of programme terminology and approaches, and accounting procedures for national programme execution.

Development with a human face: UNICEF continued to pursue its concerns about the impact of adjustment programmes on children. It stressed the need for more attention to nutrition and other basic human needs in the World Bank's consultative groups and at UNDP round tables. It also continued a fruitful dialogue with IMF.

Africa: Based on the experiences of the Bamako Initiative, UNICEF has become an active partner in the World Bank's health policy dialogue with governments in Africa. It also continued to cooperate with the Bank in the fields of education, water supply and sanitation, urban development, women in development and safe motherhood.

Close working relations with UNDP continued at headquarters and in the field. Regional directors consult and exchange information with their UNDP counterparts during visits to New York, and country representatives visit each others' headquarters when taking up new assignments.

UNFPA, UNICEF and WHO meet biannually on matters of common interest, and the three organizations issued a Joint Statement on the Training of Traditional Birth Attendants. UNFPA is currently involved in programme development and implementation in MCH and women in development, in many countries. UNFPA and UNICEF also work together in the area of adolescent sexuality.

Child survival: UNDP, UNICEF, WHO and the Rockefeller Foundation are partners in the Task Force for Child Survival and Development and its national follow-up to the goals of the World Summit. The Task Force organized a successful first International Consultation on the Control of Acute Respiratory Infections (ICCARI) in Washington, D.C. in December. The meeting was attended by more than 400 health professionals and government officials. □

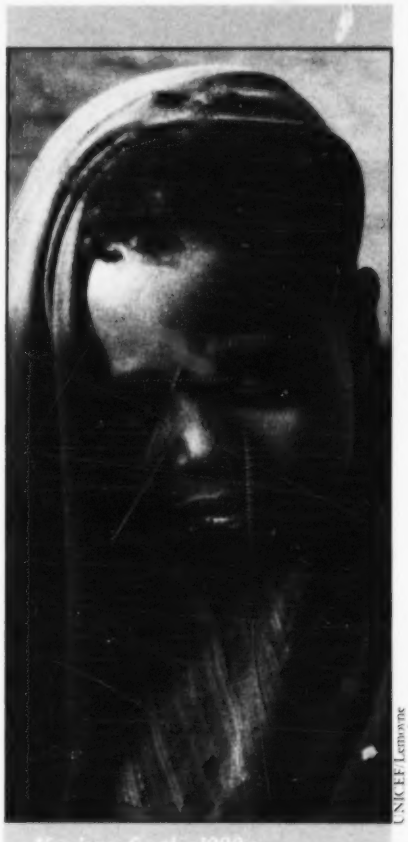
Development with a human face

The concept of 'adjustment with a human face' broadened during the year to embrace longer-term development objectives linked to human goals of the decade. The international development strategy for the Fourth United Nations Development Decade, the World Bank's 1990 *World Development Report* on poverty and the UNDP *Human Development Reports* of 1990 and 1991 all reflect a global consensus that human development and poverty alleviation are the key issues for the 1990s.

It is now accepted that structural adjustment policies aimed at sustainable growth should include broadly based strategies focused on human development and the need to integrate the poor into the growth process. It is also agreed that a mix of social and economic policies is necessary to mitigate any negative impact on societies' poorest groups — a position that UNICEF has been advocating since the mid-1980s. The challenge for the 1990s will be to anchor this commitment to human needs in development policies and operational activities.

Initiative: The human development country initiative (HDCI), sponsored by UNDP, UNICEF and the United Nations Office at Vienna (UNOV), has helped some governments to prepare development plans and analyses centred on human priorities in their budgetary and other policy-making processes. In several cases, HDCI has provided a framework for national follow-up to the World Summit for Children. In Pakistan, the Government has asked UNDP, UNICEF and the World Bank for assistance in planning to meet human resource development goals by the year 2000. Pakistan's eighth five-year plan, which starts in 1993, includes social actions and budgetary reforms to meet these objectives. Much of its emphasis is on the delivery of basic services to the 30 per cent of the population at the bottom end of the economic scale.

Collaboration: UNICEF is working with UNDP and the OECD Development Corporation Directorate to create a more adequate methodology and database for analysing aid allocations for human development. It is also maintaining creative dialogues on macroeconomic issues and policies with other international agencies including IMF, JCGP agencies (IFAD, UNDP, UNFPA, UNICEF, WFP), WHO and the World Bank. PAHO and UNICEF have initiated a study on the impact of the debt crisis and adjustment processes on policy-making and social planning in Latin America and the Caribbean. The study follows a PAHO evaluation of social emergency and investment funds in the region.



UNICEF/Lemoyne

Key issue for the 1990s: humanizing structural adjustment programmes.

Monitoring: In September ILO and UNICEF jointly sponsored an international workshop on poverty monitoring by international agencies. The workshop was held in Santiago, Chile and linked experts on poverty issues from the academic community, the World Bank, the UNDP Regional Project to Alleviate Poverty, the Economic Commission for Latin America and the Caribbean (ECLAC), the Government of Chile and UNICEF offices in the region. It examined the operational steps that international agencies should take in support of policies to address poverty. Papers from the workshop will be published in mid-1992.

A study for UNICEF, *Africa's Recovery in the 1990s: From Stagnation and Adjustment to Human Development*, will be published in 1992. Sponsored by the UNICEF International Child Development Centre (ICDC) in Florence and the Office for Planning and Coordination at UNICEF headquarters, it draws on research by African scholars in Burkina Faso, Niger, Tanzania, Zambia and Zimbabwe.

In East Africa, a local network on adjustment is facilitating an exchange of experiences to improve UNICEF's in-house capacity to deal with adjustment issues. Many UNICEF country offices are involved in advocacy to raise public awareness of the situation of children during periods of economic austerity. They frequently commission studies on the specific impact of economic changes on children and participate in reviews of economic recovery programmes. Recovery reviews were conducted in Ghana, Tanzania and Zimbabwe during the year.

Debt: Third World debt remains a substantial obstacle to child survival and development activities in many middle- and low-income countries, and in sub-Saharan Africa in particular. UNICEF addressed this issue in a number of international forums during the year, including the evaluation of the United Nations Programme of Action for African Economic Recovery and Development, 1986-90 (UNPAAERD).

UNICEF, as part of its debt relief for children initiative, is also participating in debt-for-development swaps that will reduce debt burdens in developing countries as well as generate additional local-currency resources for programme purposes. In these transactions, commercial bank debt is donated to, or purchased at a discount by, UNICEF National Committees, which contribute it to debtor governments in exchange for local-currency contributions to UNICEF programmes. UNICEF is also working with IMF, the World Bank and the Paris Club in developing mechanisms for the conversion of official debt into local-currency funding for social-sector activities. To date, debt with a face value of some US$60 million has been donated to UNICEF, resulting in additional local currency worth some US$8 million for UNICEF programmes. □

External relations

Mobilizing for children

The need to galvanize follow-up action on the Goals of the World Summit, the Convention on the Rights of the Child and the World Conference on Education for All spurred a year of unprecedented mobilization for children. The achievement of UNICEF/WHO child immunization goals and emergencies affecting many countries in Africa, Asia and Latin America also challenged the organization's resources and resourcefulness.

Media relations: The announcement of the success of UCI generated extensive media coverage internationally. Prior to the event, UNICEF and the European National Committees for UNICEF organized media field trips to Nigeria and Bangladesh and co-produced an information kit with WHO. A video news release reached a television audience of 13 million people in the United States alone. Stories on UCI appeared on major networks throughout the industrialized world including Australia, France, Switzerland and the United States.

The UNICEF International Child Development Centre in Florence published *Children and the Transition to the Market Economy* in support of the organization's work with Central and Eastern European Governments, and staff from Geneva and New York took part in missions to these countries to help to devise an information/advocacy strategy to draw attention to the needs of children there.

The Florence Centre and headquarters together helped to organize an international media workshop in March to highlight the effect of envi-

UNICEF Lemoyne

A reason for rejoicing: vaccination day.

ronmental degradation on the children of Central and Eastern Europe.

Other initiatives that generated press coverage in 1991 included:

- a pilot project funded by the Italian energy and chemicals conglomerate, ENI, to advance children's health in three developing countries;
- the UNICEF/WHO baby-friendly hospital initiative (BFHI) in support of breastfeeding and expanded PHC services for infants and young children (*see box*);
- a plan for the elimination of micronutrient deficiencies;
- the build-up to the Earth Summit (UNCED) to be held in June 1992.

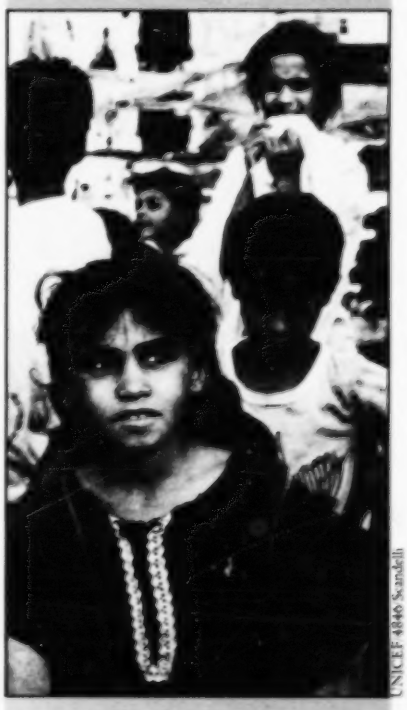
The State of the World's Children: The 1992 report was launched at the International Press Centre in Brussels on 19 December and received good global coverage. Worldwide Television News (WTN) transmitted a special UNICEF satellite report to Australia and North America where it was carried by ABC, CBS and CNN. Other WTN coverage reached audiences in Europe through major networks in Belgium, France, Italy and the United Kingdom. Japan's Asahi Evening News described the report as "one of the leading benchmarks of human progress". The Italian National Committee reported the best coverage ever, following 32 briefings on the report nationwide.

Many UNICEF offices and National Committees augmented the global coverage with their own press briefings and special events involving heads of State and Government. The Presidents of Bolivia, Ecuador, Tanzania and Zambia made presentations, as did the Prime Ministers of Jordan, Pakistan and Turkey.

Broadcasting and video: In an address to the International Council of the American Academy of Television Arts and Sciences on 25 November, the Executive Director challenged industry executives to recognize the needs of children in an emerging new world order. His statement was part of an effort to broaden the support base for UNICEF in the broadcast industry, and it sparked a move to hold an annual International Day of Broadcasting for Children.

Another objective is to strengthen the use of electronic media in programme delivery. Until now, many creative and useful programmes produced by UNICEF country offices have only been distributed nationally. A video clearing-house for field productions was established at the School for Public Health and Tropical Medicine, Tulane University (USA) to review and catalogue this material and to alert UNICEF offices and National Committees to their availability.

UNICEF 8642 Sprague



UNICEF 4846 Scandella

There is no cause for complacency in a world where 2 million children still die each year because they have not been immunized.

UNICEF has joined the Children's Television Workshop (USA) and Televisa (Mexico) in a multimillion dollar project to provide superior quality television programming for children. A 130-segment series of the renowned Sesame Street is being adapted to Spanish and will emphasize issues related to the Convention on the Rights of the Child and Facts for Life. During the year, UNICEF offices in the Caribbean, Latin America and South Asia continued to use consultants from the Walt Disney Company and Hanna-Barbera Productions for the design of animated educational TV features.

UNICEF continued its close working relationship with the Television Trust for the Environment (TVE), the United Nations Television Service, CNN and other satellite television news agencies. New ties were established with Vatican Radio for a co-production in Africa. Advocacy videos were produced for BFHI, UCI, the Bamako Initiative and the Day of the African Child.

A new radio pack on children and AIDS was prepared with the BBC World Service, and for the second year in succession, UNICEF distributed more than 5,000 video cassettes to broadcasters, its country offices, National Committees and NGOs.

Information capacity-building: Capacity-building for staff increased sharply during the year. International training institutes helped to design a television training course, and a first radio training seminar, sponsored by UNICEF and Radio Netherlands, was held in Harare.

The Global Communication Support Fund, approved by the 1990 Executive Board, started its activities in earnest in 1991. Following a UNICEF survey of media training institutions, it has been recommended that UNICEF become involved in journalist training programmes in developing countries and help produce a media training module on CSD issues for use in industrialized and developing countries.

New emphasis was given during the year to the use of public opinion polls to monitor and evaluate UNICEF advocacy and education efforts. An opinion polling research programme has been

prepared for use in selected industrialized countries in 1992.

Publications: In an effort to improve outreach, all major publications were issued in English, French and Spanish, and support was given to regionally tailored Arabic versions.

A major new publication, *First Call for Children*, was launched as a forum for UNICEF experience and advocacy. It has a combined distribution of 66,000 copies in English, French and Spanish. It devotes at least two pages per issue to subjects of special concern to NGOs. An Arabic version includes items focused on the MENA region. The education for development newsletter, *EDev News*, appears three times a year.

Several kits were produced to meet the information needs of National Committees. An Education Kit focused on aspects of new policy; an Environment Kit emphasizes children's needs in relation to environmental protection activities; and a kit marking the Day of the African Child underlined positive developments in Africa to balance the usually pessimistic portrayal of the continent. There were also three inter-agency kits. They covered UCI, with WHO; micronutrients, with the Task Force on Child Survival and WHO; and the Horn of Africa, with the Special Emergency Programme for the Horn of Africa (SEPHA).

An illustrated leaflet was produced to help promote the baby-friendly hospital initiative, and there were two publications on AIDS. The first updated *Children and AIDS: An Impending Calamity*. The second was entitled *Report on a Meeting about AIDS and Orphans in Africa*.

Photo Unit: A new post of photo editor was approved for an expanded Photo Unit. The Unit prepared to acquire a photo-image database cataloguing, research and retrieval system to meet the growing pictorial needs of field offices, National Committees and the media. More than 3,000 new black-and-white and colour images were added to the photo library at headquarters during the year, and more than 34,000 prints and slide transparencies were distributed.

Emergency information: During the year, UNICEF was involved in a large number of emergencies and the accessibility of senior UNICEF staff to the media, both in the field and at headquarters, was reflected in the high volume of television, radio and print media reports mentioning UNICEF.

UNICEF/4618/Lemoyne

Although the picture for children is often grim, the proportion of the developing world's children who start primary school has risen from less than half to more than three quarters in the last 40 years.

UNICEF 5685 Koh

Education for development: There were extensive consultations during the year to help develop a common framework and goals for all education for development activities carried out in UNICEF's name. Workshops were held in: Thonon (France), for National Committee education officers; Nairobi, for National Committee education officers and East African educators; Barcelona, for National Committees in the Mediterranean region and UNICEF personnel and educators from the MENA region; and Budapest, for National Committee staff and educators in Central and Eastern Europe.

Electronic information: The UNICEF global electronic information and communications network (UNET) links staff in headquarters, field offices, National Committees and some NGOs by computer. This service, which is transmitted through telephone lines, includes bulletin boards and databases. The total number of electronic mailboxes in 1991 rose from 300 to 400.

Two surveys early in the year indicated a need to improve the technology, staff training and editorial content of the electronic mail services, and an interdivisional task force was set up to analyse the technical and financial support needed. □

Convention on the Rights of the Child

The Convention on the Rights of the Child is a landmark human rights treaty which calls on governments in all countries to respect and promote the rights of children regardless of their race, sex, creed or social status. It prescribes that in all matters related to children, the "best interests of the child" should be a primary consideration.

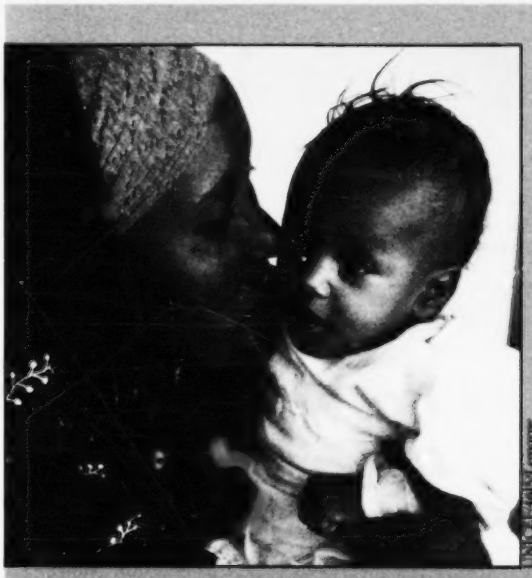
The rapid response of the world community to the Convention is unparalleled in the history of human rights law. As of 22 October 1991 — less than two years after its unanimous adoption by the United Nations General Assembly — 100 countries had become States parties to the Convention through ratification or accession, having solemnly decided to make its standards part of their national legislation. Thus the Convention's 54 articles on the survival, protection, development and participation of children are now binding for those countries, both as law protecting children and as guidelines for all actions concerning them.

Implementation: The 1991 Executive Board decided that UNICEF should continue to support implementation of the Convention as an integral part of its ongoing country programmes and global advocacy. A 10-member expert Committee on the Rights of the Child was elected in March to monitor implementation. States parties must report to the Committee on measures they have taken to comply with the Convention as well as on difficulties they might have encountered in meeting their obligations. The Committee had an informal consultation with United Nations agencies and NGOs in May and held its first formal session in October. More than 50 national reports are due for the Committee's consideration before the end of 1992.

Summit follow-up: The World Summit for Children urged the earliest possible ratification and implementation of the Convention, and many nations took a major step in that direction by adopting the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. The Plan of Action is being transformed into national programmes of action adjusted to the priorities of each country, using the Convention as a principal guideline.

Action: Many countries, looking for ways to keep children's rights in constant focus, have already reviewed their legislation and administrative practices concerning children. Peru has designated the last week of September as National Children's Rights Week. OAU has adopted an African Charter on the Rights and Welfare of the Child to complement the Convention on issues of particular importance to African children. President Abdur Rahman Biswas of Bangladesh has established a National Council of Mothers and Children, which he chairs personally, to monitor implementation.

Public awareness: Governments, intergovernmental and nongovernmental organizations have started to use the Convention as a means of alerting the public to the adult world's obligations to children. In a world where many millions of children are not enjoying even their most basic rights, the rapid momentum generated by the Convention's passage into international law, and the commitments generated by the World Summit for Children, offer encouragement that many governments are now willing to take the necessary steps towards a better world for the young. □



UNICEF/Chris Lemoyne

The Convention on the Rights of the Child makes it unmistakably clear that those rights should be given political priority by governments. The main theme in the Convention is to safeguard the "best interests of the child".

UNICEF 4698 Kerr

Public participation

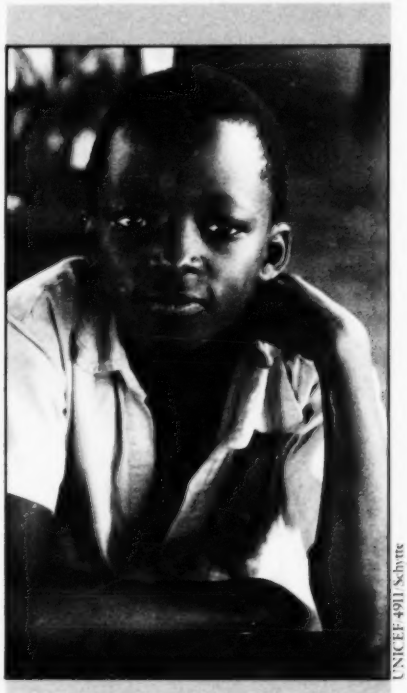
An increasingly important aspect of UNICEF advocacy for children is its collaboration with political leaders and intergovernmental organizations.

The African Child: A number of events during the year focused on Africa and the needs of its children. Advocacy with African leaders was enhanced by the OAU Summit meeting in Abuja, Nigeria in June, which adopted a landmark resolution on the Implementation of the African Decade for Child Survival, Protection and Development and confirmed 16 June as the Day of the African Child. UNICEF prepared a special media resource kit on the challenges to child development in Africa. Scores of African and other countries marked the occasion with special educational and cultural activities. The Day of the African Child is to be an annual event in memory of the massacre of children in Soweto, South Africa in 1976.

OAU also asked UNICEF for help with preparations for a 1992 donors' conference focused on Africa's children. A meeting between the OAU Secretary-General and the UNICEF Executive Director was held in New York in October to confirm the arrangements.

First call: During the year, a number of other gatherings resulted in resolutions urging nations to give 'first call' to their children's needs, to support the Convention on the Rights of the Child and to follow up on their promises to the World Summit through national programmes of action. These forums included: the Southern African Development Coordination Conference (SADCC), in Windhoek, Namibia (January/February); the Ministerial Meeting of the Non-Aligned Movement and the tenth Ministerial Conference of the Non-Aligned Movement, both in Accra, Ghana (September); the meeting of the Commonwealth heads of Government, in Harare, Zimbabwe (October); the Francophone Summit, in Paris (November); and the ninth Summit Meeting of the Islamic Conference Organization, in Dakar, Senegal (December).

Parliamentarians and religious leaders: The 85th Inter-Parliamentary Union Conference, held in Pyongyang, Democratic Republic of Korea (April), adopted a resolution for the ratification and implementation of the Convention on the Rights of the Child and the World Summit goals.



UNICEF 4911/Schytte

The Day of the African Child: an annual event.

Religious leaders who participated in the pre-Summit support conference entitled 'The World's Religions for the World's Children', at Princeton (July 1990), reaffirmed their commitment in 1991 at the council meeting of the World Conference on Religion and Peace. The gathering, held in Rovereto, Italy (June), was attended by some 100 religious leaders, many of whom have initiated activities to mobilize society for the benefit of children.

Mayors are rapidly becoming active partners in the Grand Alliance contributing to the survival, protection and development of the world's children. In September a meeting of mayors was held in Rome to celebrate the commitment of 300 Italian mayors as 'Defenders of Children' and to prepare for other national and international initiatives. The first of these was held in Dakar in December, when all 48 Senegalese mayors were invited to become Defenders of Children. For the global initiative to be launched in Dakar in early January 1992, an honorary committee was set up, including the mayors of Dakar, Mexico City, New York, Paris, Riyadh and Rome, and the Governor of Tokyo. □

Non-governmental organizations

The NGO forum held in Kadoma, Zimbabwe in November, one of several major meetings in 1991 that focused on Summit goals and priority support for Africa, was attended by 113 NGOs from 42 countries. It was particularly concerned with needs in sub-Saharan countries. The resulting Kadoma Declaration affirmed NGO commitments to the World Summit Plan of Action, the Convention on the Rights of the Child and the OAU Charter on the Rights and Welfare of the African Child. Another sign of expanding UNICEF/NGO partnerships during the year was the inclusion of 15 NGOs, including CARE, La Leche League International, Save the Children Fund, Helen Keller International and the World Young Women's Christian Association, in a training workshop organized by UNICEF to address nutrition strategies for Africa in the 1990s.

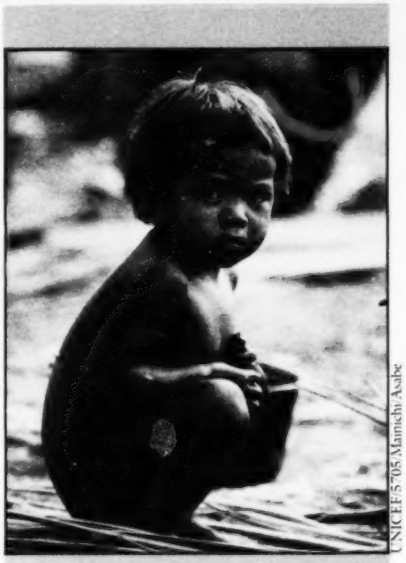
Chief executive officers of major humanitarian and development NGOs also met in Geneva in October to explore the roles their organizations could play in advancing Summit goals for children. The final report of this meeting, 'World Summit for Children: Moving from Words to Action', will be distributed as a mobilization booklet to 600 NGOs that signed the joint NGO Summit statement in 1990. The International Model United Nations organized by Junior Chamber International from 29 July to 2 August and the World Scout Jamboree held in the Republic of Korea from 8 to 16 August also helped to mobilize members around Summit goals, the Convention and the environment.

There was also major NGO collaboration with UNICEF on capacity-building in Eastern Europe, and emergency responses to the Persian Gulf crisis.

Junior Chamber International, PAHO and the UNICEF Regional Office for the Americas and the Caribbean agreed to cooperate in ORS promotion and distribution, and a new umbrella NGO organization, the World Alliance for Breastfeeding Action (WABA) became the focal point for NGO support of the baby-friendly hospital initiative.

Many NGOs were closely involved in preparations for the June 1992 Earth Summit, to be held in Rio de Janeiro, and supported UNICEF efforts to ensure that the environment-related needs of children were well established on that agenda.

The important role which NGOs and Rotary International in particular played in achieving child immunization goals by 1990 was also recognized at the UCI announcement by UNICEF and WHO at United Nations Headquarters on 8 October. □



UNICEF 5705/Mamichi Asabe

NGOs help to advance Summit goals for children.

National Committees for UNICEF

As major partners of UNICEF, National Committees help to generate deeper understanding of the needs of children in developing countries while supporting the principal objectives of the organization. They have increased support for UNICEF through an expansion of volunteer networks, and through advocacy, education for development and information activities. They have also played an important role in fund-raising, through sales of greeting cards and other products. National Committees in 32 industrialized countries generated about 20 per cent of UNICEF resources in 1991.

The historic achievement of a World Summit for Children and the adoption of the Convention on the Rights of the Child by the United Nations General Assembly, both in 1990, also provided the occasion for the National Committees to create awareness for children in their own countries. In addition to integrating the Summit goals in their current activities, several Committees have been instrumental in the signing and ratification of the Convention by their own Governments.

It has been an eventful year for Committees in Central and Eastern Europe in that their statutes evolved, allowing them to have non-governmental status. A business building plan was initiated by the secretariat in consultation with these Committees, with a view to making available the resources necessary to reinforce their operations as well as to assure continuity of their own fund-raising and other activities.

Central and Eastern European Committees have also actively participated in the analyses of the situation of children and women undertaken by UNICEF in their respective countries.

Regular meetings, allowing for close linkages between the National Committees and the secretariat, have continued. The 36th Annual Meeting of National Committees was held in Geneva in May, while Information Officers attended an information workshop in Nairobi in June.

Other meetings were held to consult National Committees or to exchange ideas in the fields of volunteer network expansion, private fund-raising, education for development and planning. It should be noted that some National Committees, by mobilizing public opinion for child rights, have succeeded in increasing contributions from their respective governments to UNICEF. □

Fund-raising

The economic climate in 1991 caused some donors to cut or freeze their levels of assistance. Total UNICEF income for the year was US$807 million – US$51 million less than projected in the medium-term plan, and less than 1990. Of that total, US$506 million was for general resources and US$301 million for supplementary funding, including emergencies. The US$301 million represents an increase of US$17 million over the previous year.

The decrease of income was due to the strengthening of the US dollar in 1991. Although national currency contributions were greater than expected, general resources income of US$506 million represented a decrease of US$25 million against the 1990 figure.

There was a marked change in the distribution of non-emergency and emergency funding during the year. While non-emergency funding dropped by US$68 million to US$165 million, emergency funding more than doubled from US$57 million to US$136 million – an increase of US$79 million over the 1990 figure.

Debt relief: The response to the UNICEF initiative on debt relief for children continued to grow. In the case of Sudan, six commercial banks in Germany, the United Kingdom and the United States have contributed a face-value total of more than US$20 million. This has been swapped for local currency equivalents totalling more than US$2 million for use in UNICEF programmes. Several additional debt donations with a total face value exceeding US$40 million are currently under negotiation. National Committees, and those of the Netherlands and Canada in particular, have been pursuing the purchase of commercial bank debt on secondary markets for exchange into local currencies. Further debt buy-backs involving some 10 countries are under negotiation. This innovative mechanism provides debt relief, increases social-sector spending and maximizes the effectiveness of contributions from National Committees to UNICEF.

UNICEF National Committees continued their strong support and placed particular emphasis on the need to raise the level of general resources and to back priority programmes such as UCI and the Bamako Initiative. □

Celebrity supporters and special events

UNICEF Goodwill Ambassadors all continued their advocacy efforts for UNICEF and children's issues during the year while pursuing strenuous professional schedules.

Sir Peter Ustinov made several UNICEF appearances while travelling with his one-man show, Harry Belafonte did the same during his concert tour, and Liv Ullmann gave several major interviews to the press while directing a film in Europe. Audrey Hepburn devoted many hours to special events and media interviews in support of UNICEF National Committees in several countries. She joined James P. Grant in Brussels for the launch of the 1992 *State of the World's Children* report on 19 December. Tetsuko Kuroyanagi's mission to Iraq in July generated excellent media coverage in Japan, where her television appearances, coupled with articles in a score of newspapers and magazines, resulted in an unprecedented US$1.2 million in contributions to UNICEF from the Japanese public.

New Representatives: Three new Special Representatives were appointed by the Executive Director during 1991. In March, Sir Edmund Hillary, explorer, author and conqueror of Mount Everest, was appointed Special Representative for the Children of the Himalayas. Senegalese musician Youssou N'Dour was named Special Representative for the Performing Arts in April. And actor Roger Moore was appointed Special Representative for the Film Arts in August.

Immediately following his appointment, Roger Moore set off on an advocacy mission to Guatemala, Honduras, El Salvador and Costa Rica. In each country, he met with the President to discuss problems facing children. He also visited UNICEF-assisted projects and presented media prizes to journalists who had provided outstanding coverage of children's issues. On a later field mission to Brazil, he met with President Collor de Mello, as well as the leaders of the House and Senate, to commend them on incorporation of the Convention on the Rights of the Child into the Brazilian Constitution.

Julio Iglesias, Special Representative for the Performing Arts, supported National Committee activities in Europe. He also gave a benefit concert for UNICEF in the Philippines in December. Imran Khan, Special Representative for Sports, helped to promote a major children's immunization initiative in the United Kingdom, assisting the National Committee; Sir Edmund Hillary visited UNICEF-assisted programmes in Nepal and provided advocacy support to UNICEF National Committees in Tokyo and Toronto; and Youssou N'Dour assisted UNICEF initiatives throughout Senegal. In October, Roger Moore represented UNICEF at the FIFA all-star benefit soccer match in Munich and was later presented with a US$1 million cheque for UNICEF which resulted from the event.

Day of the African Child: 16 June marked the first Day of the African Child, and UNICEF field offices and National Committees were encouraged to support the event. Harry Belafonte and Roger Moore joined other spokespersons at a two-day briefing at UNICEF House in April, and a major UNICEF exhibition, 'Africa's Children: Africa's Future', was displayed in the public lobby at the United Nations during June and July. On 14 June, a two-hour celebration of dance, art, music, poetry,

UNITED NATIONS/Isaac

Former United States President Jimmy Carter and his wife were among those on hand at United Nations Headquarters to applaud the achievement of UCI. And the children of the world have gained a new champion for their cause, actor Roger Moore.

UNICEF 5026/Cerni

customs and dress by children from many African nations was presented at United Nations Headquarters before an audience of 600 schoolchildren and 200 teachers. In Africa, nearly all the 51 OAU member nations were able to mark the Day with special activities for children.

Immunization: The achievement of UCI goals for the 1980s was commemorated at United Nations Headquarters on 8 October. The ceremony was attended by Secretary-General Javier Pérez de Cuéllar, former United States President Jimmy Carter and his wife Rosalynn, WHO Director-General Dr. Hiroshi Nakajima, the President of Rotary International, Rajendra Saboo, and James P. Grant. Also present were Imran Khan, whose strong advocacy in Bangladesh, India, Pakistan and Sri Lanka contributed to the UCI campaign success in those countries, and actress Jane Curtin, national UNICEF Ambassador for the United States. At the media opening of a UNICEF/WHO exhibition on the campaign, a number of babies and young children from New York City welfare hotels were vaccinated against measles and polio by the dignitaries who attended. The exhibition was entitled 'Keeping the Promise' and was held in the public lobby of the United Nations. □

UNICEF Sprague

Protecting children against the six diseases that threaten their very lives.

Greeting card and related operations

The expanded activities of GCO in the 1990-1991 season contributed US$76.6 million to UNICEF general resources — US$14.9 million more than in the previous period. These resources, provided by a global public, came mostly from the sale of greeting cards.

Greeting card sales volume for the year rose to 154 million units through the efforts of National Committees and their volunteer supporters, field offices and other sales partners, including NGOs. These groups operate in 145 countries and are extraordinarily successful in building grass-roots support for the work of UNICEF on behalf of children. Thousands of volunteers distribute millions of brochures and pieces of promotional mail each year and help to air hundreds of public service announcements in print and through the electronic media.

The mandate of GCO covers three areas of public participation: product sales and licensing; private-sector fund-raising support to National Committees and field offices; and special fund-raising events and new initiatives. GCO also coordinates exhibits and promotional activities.

Sales and licensing: A number of new product lines were tested during the year and adapted to new markets. The retail store programme was expanded in Europe; recycled paper was introduced for all promotional materials and many paper product lines; and market surveys were conducted in Belgium, India, Italy, Portugal, the Republic of Korea, Spain, Turkey and Uruguay.

Workshops: For the first time in several years, six regional greeting card workshops were held during the 1991 season, providing an opportunity for all regions to share the latest information and experiences related to promotion, marketing, sales, production and private-sector fund-raising. A major study of electronic data processing needs for GCO set the stage for the upgrading of systems to meet GCO needs to the year 2000 and probably beyond.

Special exhibits: The achievement of UCI goals was the subject of a special GCO exhibit on immunization, which was shown for the first time at United Nations Headquarters. The exhibit is expected to be shown in a number of countries in 1992. Other special exhibits arranged by GCO included 'Children in War' by the International Red Cross and 'Africa's Children', both of which were displayed in the public lobby at the United Nations. The Danny Kaye Visitors' Centre at UNICEF House continued to attract school groups and other visitors.

Fund-raising: Comprehensive new direct-mail fund-raising programmes were tested in Australia, Brazil, Greece, New Zealand, Portugal, the Republic of Korea and Turkey, and international meetings of National Committees involved in fund-raising were held in Milan and Zurich. The year was marked by the continued strong growth of direct mail and multimedia and related appeals conducted by National Committees and field offices in collaboration with GCO. The 1991 *Review of the Year* and 1991 Pocket Diary appeals achieved record distribution to 1.2 million and 11 million households respectively.

The first phase of a three-year US$12 million fund-raising development programme (FDP) was implemented in 1991 to help National Committees and field offices build new or larger donor constituencies. By the end of the year, nine National Committees had submitted proposals and obtained pledges under FDP totalling US$3.8 million.

The Task Force on Private Sector Fund-raising for UCI continued to support the goal of National Committees to raise US$20 million a year for immunization programmes over five years. GCO chairs the Task Force and produced comprehensive UCI documentation and a training programme for volunteers. Similar documentation was produced and distributed to National Committees on the Persian Gulf emergency, the cyclone in Bangladesh and UNICEF cooperation in Mozambique.

Special fund-raising events: The 1991 Danny Kaye International Children's Awards competition was held in the Netherlands in September and was hosted by Audrey Hepburn and Roger Moore. Children from 22 countries participated in the competition, which was made into a 90-minute television programme broadcast in over 30 countries for the purpose of raising additional funds for UNICEF. □

UNICEF finances: income, commitments and expenditures 1990-1992

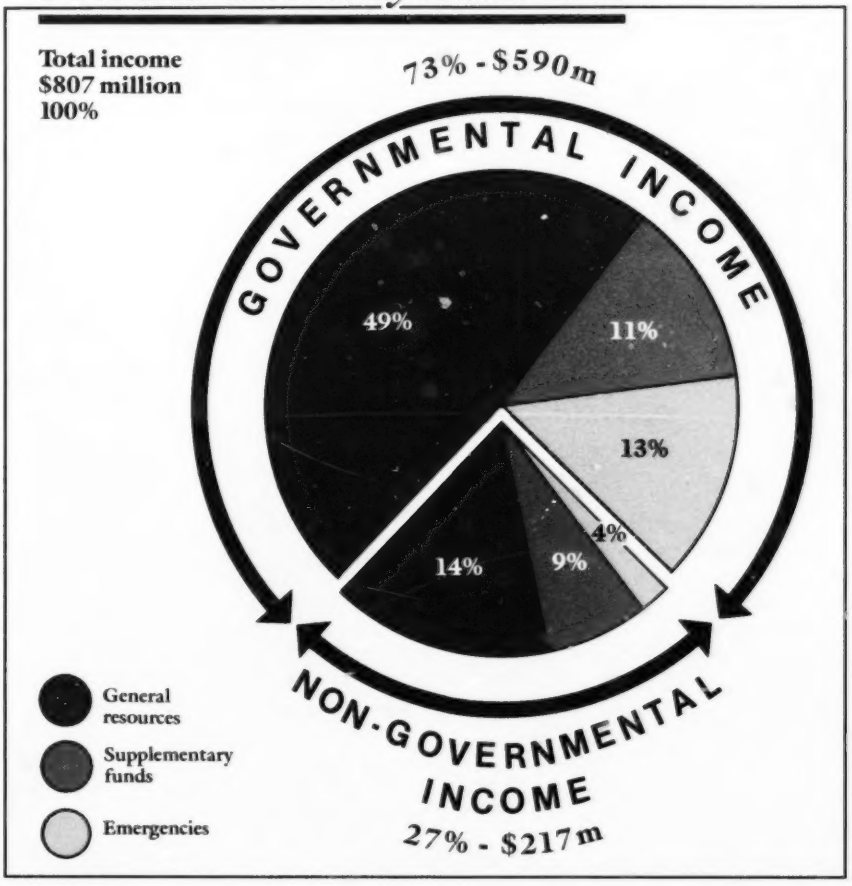
Income

UNICEF income consists of voluntary contributions from governmental and non-governmental sources.

Total income for 1991 was US$807 million (compared with US$821 million for 1990). This includes US$136 million in contributions for emergencies (US$57 million in 1990).

Income from governments and intergovernmental organizations accounted for 73 per cent of total income (74 per cent in 1990), the balance being non-governmental income. The pie chart on

UNICEF income by source 1991



1991 non-governmental contributions (in thousands of US dollars)

Countries where non-governmental contributions exceeded $10,000 (figures include net proceeds from greeting card sales)

Afghanistan	21.3	Czechoslovakia	96.6	Ireland	482.0
Algeria	642.3	Denmark	1,882.6	Italy	19,647.7
Angola	249.0	Djibouti	19.9	Jamaica	22.8
Argentina	281.4	Dominican Republic	66.1	Japan	20,601.2
Australia	2,217.9	Ecuador	182.2	Jordan	41.8
Austria	1,862.6	Egypt	68.8	Kenya	43.0
Bahrain	127.3	El Salvador	10.1	Korea, Republic of	222.6
Bangladesh	25.5	Ethiopia	90.4	Lebanon	88.2
Barbados	13.5	Finland	5,567.5	Libyan Arab Jamahiriya	50.9
Belgium	4,266.1	France	24,307.4	Luxembourg	577.6
Benin	15.5	Germany	32,685.6	Madagascar	26.1
Bolivia	68.4	Ghana	27.9	Malaysia	92.2
Brazil	2,960.8	Gibraltar	23.6	Mali	18.8
Bulgaria	172.2	Greece	1,755.9	Malta	12.1
Burkina Faso	30.8	Guatemala	33.7	Mauritius	29.8
Cameroon	28.9	Guinea	18.8	Mexico	420.3
Canada	18,673.9	Guinea-Bissau	21.1	Monaco	50.4
Cape Verde	13.1	Haiti	38.9	Morocco	380.8
Central African Republic	27.1	Honduras	23.9	Mozambique	62.0
Chile	66.5	Hong Kong	312.6	Myanmar	97.2
China	62.6	Hungary	226.5	Netherlands	22,458.2
Colombia	414.5	Iceland	33.7	New Zealand	315.0
Costa Rica	24.9	India	1,441.3	Niger	31.0
Côte d'Ivoire	59.1	Indonesia	172.9	Nigeria	212.4
Cuba	110.2	Iran, Islamic Rep. of	553.4	Norway	1,425.4
Cyprus	167.2	Iraq	261.8	Oman	112.9

page 53 shows this division. Pages 56 and 57 show estimated individual governmental contributions by country for 1991, and a list of estimated non-governmental contributions by country appears on this page.

The income is divided between contributions for general resources (63 per cent), supplementary funds (20 per cent) and emergencies (17 per cent). General resources are available for cooperation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures.

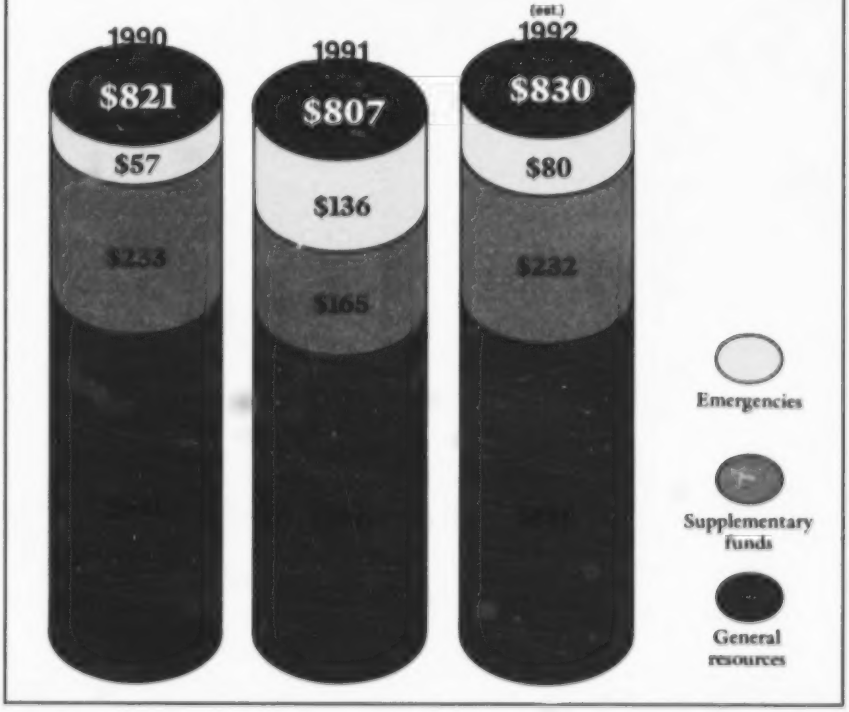
General resources income includes contributions from 117 governments; net income from the sale of greeting cards; funds contributed by the public (mainly through National Committees); and other income.

Contributions are also sought by UNICEF from governments and intergovernmental organizations as supplementary funds to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergencies, which, by their nature, are difficult to predict.

As a result of pledges at the United Nations Pledging Conference for

UNICEF income 1990–1992

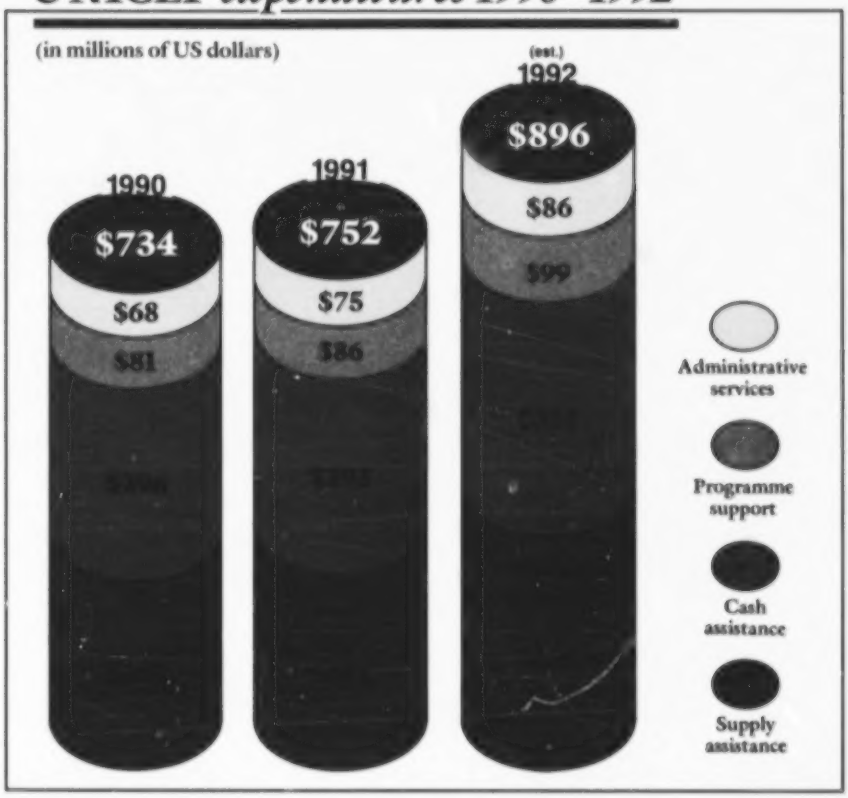
(in millions of US dollars)



Pakistan	125.2
Panama	22.7
Paraguay	63.7
Peru	217.7
Philippines	128.7
Poland	99.4
Portugal	1,251.7
Qatar	22.9
Romania	68.4
Russian Federation	1,773.6
San Marino	33.5
Saudi Arabia	190.0
Senegal	117.0
Sierra Leone	10.4
Singapore	126.3
Spain	16,098.5
Sri Lanka	26.5
Sudan	354.6
Sweden	2,743.3
Switzerland	12,732.7
Syrian Arab Republic	198.0
Tanzania, United Rep. of	102.8
Thailand	60.8
Togo	10.8
Trinidad and Tobago	26.0
Tunisia	100.2
Turkey	1,068.3
Uganda	19.8
United Arab Emirates	36.0
United Kingdom	7,937.5
United States of America	38,441.4
Uruguay	138.8
Venezuela	81.2
Yemen	13.5
Yugoslavia	3,194.5
Zaire	166.2
Zambia	24.9
Zimbabwe	42.0
Contributions from UN Staff	105.5
Contributions under $10,000	129.5
TOTAL	**258,152.9**
Less: GCO fiscal period adjustment	(6,997.3)
Costs of GCO*	(48,530.3)
Net available for UNICEF assistance	202,625.3

**Costs of producing cards and brochures, freight, overhead, adjustments.*

UNICEF expenditures 1990–1992



Development Activities in November and pledges made subsequently, UNICEF income for general resources in 1992 is expected to total US$518 million, which would represent an increase of approximately 2 per cent over 1991.

Expenditures

The Executive Director authorizes expenditures to meet recommendations approved by the Board for programme assistance. The pace of expenditure depends on the speed of implementation in any country.

In 1991, total UNICEF expenditures amounted to US$755 million (1990 US$739 million), summarized in US$ millions as:

	1990	1991
Cash assistance for project personnel	89	99
Training costs and local expenses	207	194
Supply assistance	289	298
Subtotal programme expenditure	**585**	**591**
Programme support	81	86
Administrative services	68	75
Write-offs and other charges	5	3
Total expenditures	**739**	**755**

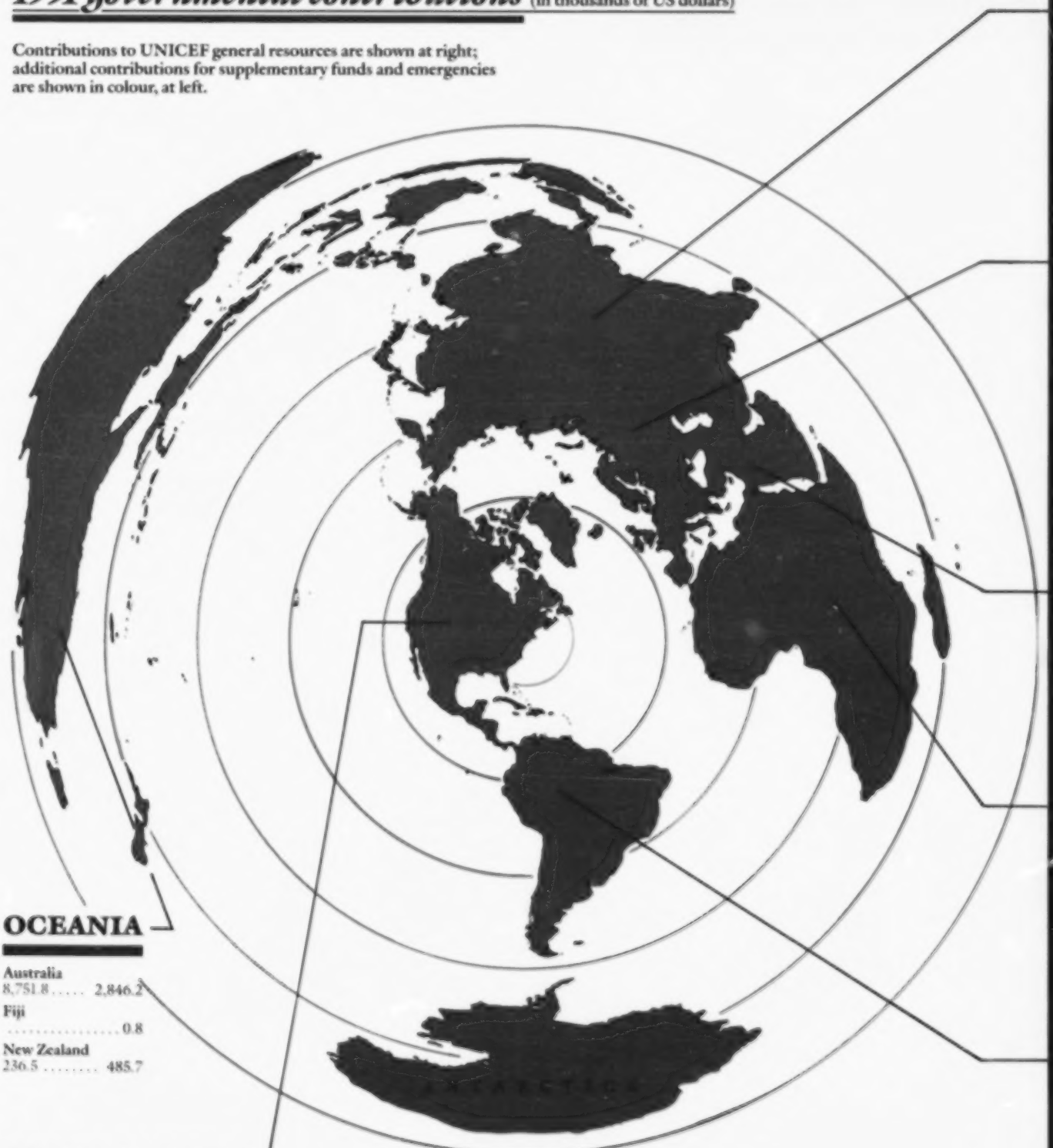
The bar chart on this page shows expenditures (excluding write-offs and other charges) for 1990 and 1991, and estimated 1992. The bar and pie charts on page 58 show programme expenditures by sector in 1987 and 1991, by amount and proportion respectively.

Financial plan and prospects

Given the results of the 1991 Pledging Conference and recent trends, UNICEF expects to maintain and expand upon its current level of contributions from governments for both general resources

1991 governmental contributions (in thousands of US dollars)

Contributions to UNICEF general resources are shown at right; additional contributions for supplementary funds and emergencies are shown in colour, at left.



The World on the Azimuthal Equidistant Projection centered at New York City

OCEANIA

Australia
8,751.8 ..... 2,846.2

Fiji
..... 0.8

New Zealand
236.5 ..... 485.7

NORTH AMERICA

Canada
20,884.0 ..... 15,330.7

United States of America
18,985.0 ..... 75,000.0

ASIA

Afghanistan 35.0
Bangladesh 9.5
Bhutan 6.3
Brunei Darussalam 50.0 .....
China 670.0
Hong Kong 4.7
India 1,146.2
Indonesia 300.0
Japan 400.0 .... 22,930.0
Korea, Democratic People's Republic of 23.7
Korea, Republic of 600.0
Lao People's Democratic Republic 5.0
Malaysia 105.0 ..... 84.0
Maldives 4.3
Myanmar 258.8
Pakistan 122.0
Philippines 201.5
Singapore 10.0
Sri Lanka 15.5
Thailand 274.5
Viet Nam 9.0

EUROPE

Albania 0.4
Austria 48.6 ..... 1,783.7
Belarus 621.1
Belgium 493.8 ..... 1,805.6
Bulgaria 4.4
Czechoslovakia 48.5
Denmark 12,728.6 .. 17,185.1
European Economic Community 7,310.3 .....
Finland 2,898.6 ... 42,123.9
France 6,966.1
Germany 9,757.3... 10,600.0
Greece 10.0 ..... 200.0
Holy See 2.0
Hungary 40.8
Iceland 124.0
Ireland 242.6 ..... 743.4
Italy 4,212.8.... 35,349.4
Liechtenstein 3.5 ..... 3.5
Luxembourg 75.8
Monaco 14.3
Netherlands 10,926.0 .. 18,147.5
Norway 12,175.3... 40,194.0
Poland 49.4
Portugal 65.0
Romania 13.9
Russian Federation 7,236.6
Spain 49.0 ..... 2,359.1
Sweden 42,340.0 . 58,954.5
Switzerland 14,577.0... 11,842.1
Ukraine 713.7
United Kingdom 4,057.3.... 15,685.2

MIDDLE EAST AND NORTH AFRICA

Algeria 60.0
Cyprus 1.0
Djibouti 1.0
Egypt 20.3
Iran 50.0
Iraq 1,016.1 ..... 96.8
Israel 50.3
Jordan 14.6
Lebanon 5.0
Morocco 70.0
Oman 5.0
Saudi Arabia 1,000.0
Sudan 8,000.0 .....
Syrian Arab Republic 35.7
Tunisia 101.8
Turkey 50.0
United Arab Emirates 100.0
Yemen 7.7

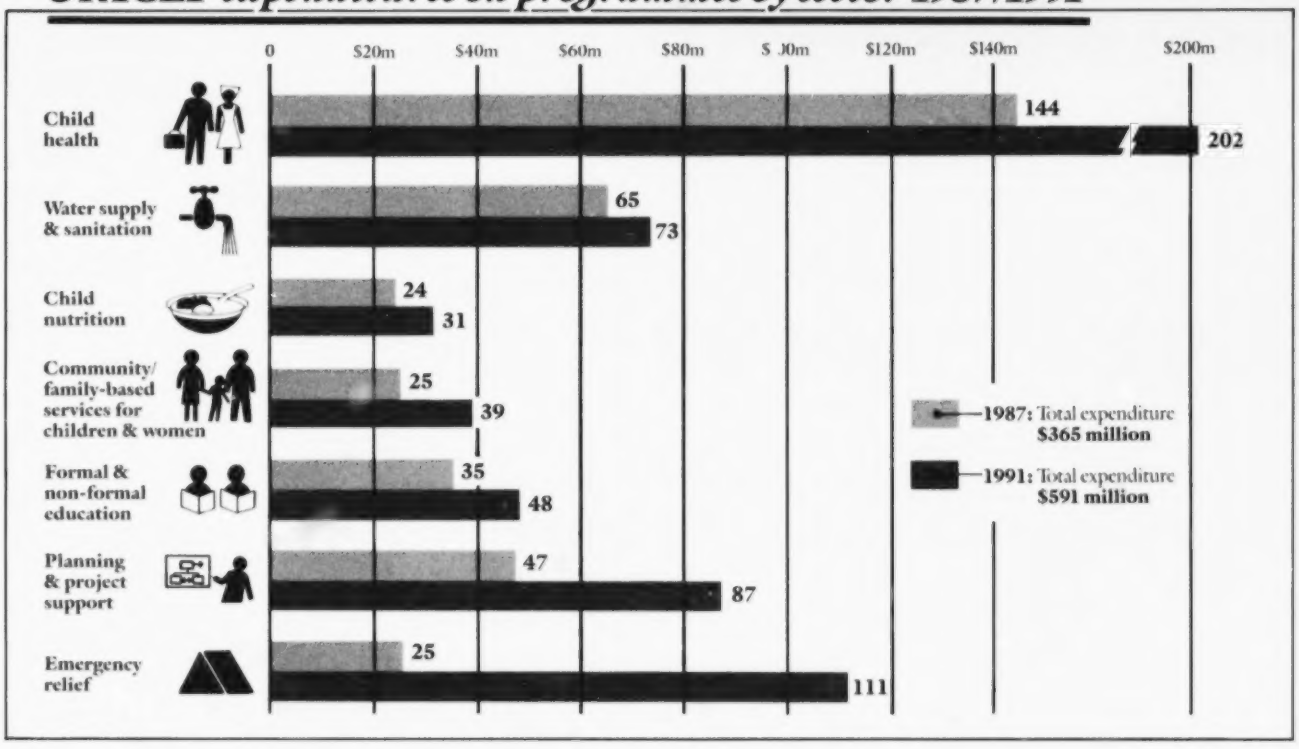
SUB-SAHARAN AFRICA

Angola 14.0
Benin 3.0
Botswana 10.3
Burkina Faso 2.8
Burundi 5.6
Cameroon 63.2
Cape Verde 9.7
Central African Republic 489.0 ..... 5.4
Chad 7.3
Ethiopia 49.3
Kenya 16.8
Lesotho 1.5
Madagascar 1.8
Malawi 3.7
Mali 93.1 .....
Mauritius 5.6
Nigeria 1,300.0 ..... 459.5
Sierra Leone 0.8
Tanzania, United Republic of 5.3
Togo 7.8
Uganda 1.4
Zimbabwe 9.3

LATIN AMERICA

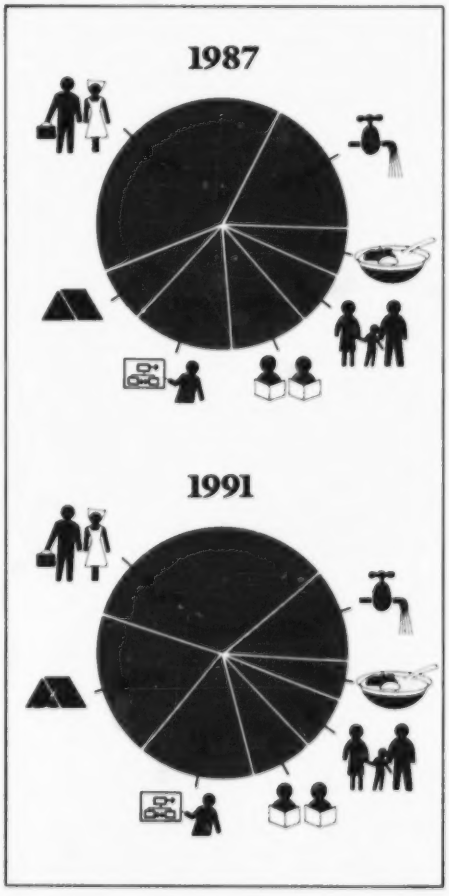
Argentina 222.2
Bahamas 0.6
Barbados 2.0
Bolivia 20.0
British Virgin Islands 0.2
Chile 50.0 ..... 75.9
Colombia 451.6
Cuba 20.3
Dominica 1.2
Ecuador 10.0 ..... 31.2
El Salvador 25.0
Guatemala 30.0
Guyana 1.6
Haiti 5.0
Honduras 27.9
Mexico 83.4
Nicaragua 5.5
Panama 37.5
Paraguay 2.0
Saint Kitts and Nevis 0.9
San Marino 7.1
Saint Vincent and the Grenadines 0.8
Uruguay 10.0
Venezuela 139.6

UNICEF expenditures on programmes by sector 1987/1991



and supplementary funded projects. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to expand further their important contributions. The benefits of other forms of fund-raising are also being examined.

At the June 1992 session of the Executive Board, proposals for new or extended multi-year programme cooperation in 36 countries will be submitted. UNICEF currently cooperates in programmes in 127 countries. The proposed new recommendations total US$440 million from UNICEF general resources and US$610 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations from general resources for all countries, including those for which recommendations from general resources are being proposed at the 1992 Executive Board session, are shown in the table on pages 42 and 43. A financial medium-term plan covering the years 1992-1995 will be submitted to the Executive Board at its June 1992 session.



Biennial budget 1992-1993

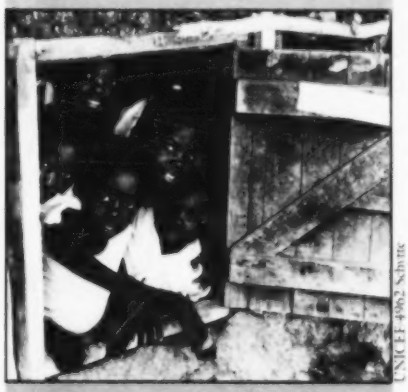
The Executive Board's approval of a set of development goals and strategies for children in the 1990s, and the medium-term work plan for 1990-1994, have provided the basis for the recent budget proposal.

The adoption and ratification of the Convention on the Rights of the Child and the Declaration and Plan of Action of the World Summit for Children have given further impetus to the work of UNICEF, laying before it unprecedented challenges and opportunities to make substantial improvements in the well-being of children. While the budget proposal and country programme recommendations presented to the Executive Board were inspired by the vision of those momentous undertakings, they were all rooted in a realistic expectation of moderate growth in UNICEF income and expenditures over the next few years.

The 1992-1993 biennial budget represents an increase of 4 per cent per year

in real terms over the 1990-1991 revised budget. Budget expenditures against the 1992-1993 biennium amount to US$391 million.

The 1992-1993 budget calls for substantial strengthening of the field offices in keeping with efforts to deploy the majority of UNICEF staff in the field. Accordingly, the proportion of all posts in field offices increased from 80 per cent in 1982 to 84 per cent in 1992. Another effort to strengthen field office capacity was to include in the 1992-1993 budget proposals the phased introduction of multi-user software and related computer equipment to set the stage for the development of an integrated programme information management system.



UNICEF 4962 Schutz

UNICEF 4946 Pirozzi

UNICEF staff work largely in developing countries in support of children.

Liquidity provision

UNICEF works with countries to prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to fully cover the costs of these recommendations in advance, but depends on future income from general resources to cover expenditures. The organization does, however, maintain a liquidity provision to cover temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

UNICEF maximizes planned general resources programme expenditures based on the requirements of the liquidity provision and on the level of projected general resources contributions. □

Information resources management

A project was initiated during the year to develop a 'next generation' field office system for UNICEF. The main objectives were to upgrade the standard computerized system to support programme management and improve synchronization with headquarters systems.

The main work completed as part of the central financial and accounting system project (CFAS) in 1991 included the travel system, the interface between the treasury system and general ledger, the bank information system, the payroll accounting system and the suspense account analysis system. Specification and design work was also begun on the remaining CFAS systems and should be completed by the end of 1992.

General office automation has proceeded well, with almost all headquarters staff now connected to computing services. The training goals for basic office automation have been established and are being pursued. □

Human resources management

In 1991, UNICEF had a total staff of 5,116 people serving in 210 locations (at headquarters and regional, country and sub-offices) around the world.

There were 1,137 international professionals (549 core, 588 non-core); 665 national professional officers (186 core, 479 non-core); and 3,250 general service staff (1,424 core, 1,826 non-core).

Measures were taken during the year to strengthen the organization's capacity to forecast long-term manpower needs more accurately. These included improvements in:

- the ability to evaluate and, where necessary, restructure individual work units; and
- the recruitment, placement, training and orientation of new and existing staff.

Career development directory: A computerized directory of professional staff profiles was established to give a more accurate picture of available talents and skills and to establish relatively objective and scientific bases for administering forward-looking strategies in career development, training and rotation. The directory is complemented by a set of generic job descriptions which define the functions of existing and planned posts. Both moves facilitate talent searches and recruitment and help staff members to plan their own career paths. So far, about one third of the international staff members have been listed in the directory, and 45 generic job descriptions have been developed and classified. These descriptions cover about two thirds of the eight major occupational categories at UNICEF.

Recruitment: A total of 455 international posts were filled in 1991. Of those, 301 represented internal rotation or promotion. The remaining 154 were externally recruited, and 44 per

cent of these were filled by women. These appointments followed a year-long recruitment drive which focused on the best-qualified women professionals from developing countries as well as women in some underrepresented industrialized countries. Overall, women's representation in professional posts at UNICEF increased during 1991 by 2 per cent to 35 per cent.

Terms of service: Personnel administration procedures were modified to make UNICEF employment more attractive to the highest-calibre professionals. Limits on the duration of fixed-term appointments were relaxed, and flexitime and part-time work arrangements were introduced to accommodate legitimate family needs and the pursuit of academic studies relevant to work and/or career advancement.

Training: Staff training continued to have high priority. The number of person/hours in formal training increased by 18 per cent, with total person/hours reaching 10,000 by mid-year. Training materials were revised in various programme areas, and new materials were prepared in the areas of negotiating skills, safe motherhood, emergency management and the Convention on the Rights of the Child. Thirteen UNICEF Representatives participated in inter-agency training on field coordination for senior United Nations Representatives. □

UNICEF 4596/Martin

Supply management

UNICEF-supported programmes in developing countries are provided with supplies and equipment purchased mostly by the Supply Division, which is located in Copenhagen and New York. Standard items such as essential drugs, cold-chain equipment and syringes for vaccinations are stocked and set-packed in the Copenhagen warehouse. An inventory valued at about US$25 million is maintained, which makes it possible to buy in bulk while improving delivery to customers and programmes. Other items, including vaccines, rigs for drilling water wells, and vehicles, are purchased from suppliers for direct shipment to the countries where they will be used. An increasing volume of programme supplies is being purchased locally by UNICEF field offices.

During 1991, the Inter-Agency Procurement Working Group (IAPWG), in which the Supply Division is a participant, made progress towards establishing coordinated United Nations procurement in Copenhagen. The extension of the existing premises, which will in part be occupied by the Inter-Agency Procurement Services Office (IAPSO), is a further step in this direction.

The total value of purchases made during 1991 was US$304 million, approximately the same as the previous year. Of this amount, some US$89 million was procured in developing countries for use in country programmes. The value of essential drugs purchased was US$53 million but the value of vaccines fell to US$32 million. UNICEF also acts as a procurement agent for governments and NGOs; during 1991 these procurement services amounted to US$49million.

Particular attention has been given to ensuring the efficiency of UNICEF's worldwide purchasing activities, and, as the value of purchases made by the Supply Division continues to increase, competitive bidding in the relevant markets has ensured that manufacturers' prices are held to acceptable levels. □

Glossary

ACC	Administrative Committee on Coordination
AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infections
BRAC	Bangladesh Rural Advancement Committee
CDD	control of diarrhoeal diseases
CEDC	children in especially difficult circumstances
CIDA	Canadian International Development Agency
CSD	child survival and development
DCI	Defense for Children International
EAPRO	East Asia and Pacific Regional Office (UNICEF)
EEC	European Economic Community
EPI	expanded programme on immunization
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organization of the United Nations
GCO	Greeting Card Operation
GNP	gross national product
HIV	human immunodeficiency virus
ICRC	International Committee of the Red Cross
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMF	International Monetary Fund
IMR	infant mortality rate
MCH	maternal and child health
MENA	Middle East and North Africa region
NGO	non-governmental organization
OAU	Organization of African Unity
OECD	Organization for Economic Cooperation and Development
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PHC	primary health care
ROSA	Regional Office for South Asia (UNICEF)
SAARC	South Asian Association for Regional Cooperation
SIDA	Swedish International Development Authority
TACRO	The Americas and Caribbean Regional Office (UNICEF)
UBS	urban basic services
UCI	universal child immunization
U5MR	under-five mortality rate
UNCED	United Nations Conference on Environment and Development
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNDRO	Office of the United Nations Disaster Relief Coordinator
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNIPAC	UNICEF Procurement and Assembly Centre
USAID	United States Agency for International Development
UNSO	United Nations Sudano-Sahelian Office
WATSAN	water and sanitation
WCARO	West and Central Africa Regional Office (UNICEF)
WFC	World Food Council
WFP	World Food Programme
WHO	World Health Organization

Further information about UNICEF and its work may be obtained from

Belgium:

Bulgaria:

Canada:

Czechoslovakia:

Denmark:

Finland:

France:

Germany:

Greece:

Hong Kong:

Hungary:

Ireland:

Israel:

Italy:

Japan:

Luxembourg:

Netherlands:

New Zealand:

Norway:

Poland:

Portugal:

Romania:

San Marino:

Spain:

Sweden:

Switzerland:

Turkey:

United Kingdom:

United States of America:

Yugoslavia:

Information may also be obtained from the following Committees for UNICEF

Australia:

Austria: